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ABSTRACT

This manual is designed to help child care providers develop, implement, and evaluate a family development plan for at-risk families. The plan's five components are designed to: (1) identify family strengths; (2) identify family needs; (3) identify community resources; (4) develop and implement a family action plan; and (5) monitor family progress. The planning manual provides for family participation in each step through empowerment and self-help strategies. Each component begins with a statement of rationale, followed by a working guide, a summary sheet, and an appendix of optional assessment tools. The assessment tools include questionnaires, checklists, and interview protocols. (Contains 18 references.) (MDM)

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Planning for Family Development

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FORWARD

As a result of a funding initiative from the Iowa Department of Education, Upper Des Moines Opportunity Inc. committed itself to a thorough investigation of successful at-risk programs and initiated a number of local planning efforts in order to design a unique child development center for three-and four-year olds in Spencer, Iowa. After a review of the literature and as a consequence of a variety of planning activities, the Spencer Child Development Center was awarded a child development grant from the Iowa Department of Education in Spring, 1990.

Several unique components of the Spencer Child Development Center illustrate its comprehensive design. For example, the CDC establishes a number of alliances with the Spencer Community School District including shared time with certified elementary guidance counselor. Moreover, based on the Head Start model, comprehensive services are provided to children and their families, including child care. But particularly striking to the Child Development Center is the notion of family development. And in fact, the Upper Des Moines Opportunity grant proposal not only suggests that family needs of CDC children be addressed - a nice and satisfying objective - but argues that <u>family development</u> be incorporated systematically into its program.

As a result of that objective, a review of family development research was conducted for Upper Des Moines Opportunity. Next, a family development planning model, or a way to apply the theoretical research, was specifically designed for the Spencer

Child Development Center. Finally the research synthesis and the corresponding model were framed in a working manual entitled, Planning For Family Development.

Written for the early childhood practitioner, Planning for Family Development provides a complete "how to" develop, design and evaluate family development plans for families at risk. While the model was tailored specifically to the Spencer Child Development Center, its application as outlined by this manual may be applied to similar programs and efforts in Iowa as well as across the nation.

A special thanks to Upper Des Moines Opportunity Inc. and its Children, Youth, and Family Director, Mary Jo Madvig, for her leadership and commitment as well as to many local professionals working with at-risk children and their families, including Sondra Conard, Melissa Rucker (AEA3 Professionals), Joan Blundall and Kim Wright (Northwest Mental Health Center).

* *

Mary Jean Montgomery
Jim Quinn
March, 1991

INTRODUCTION

Background

As America approaches the 21st century, a growing number of young families face a very bleak future. According to the Children's Defense Fund, young families will continue to fall further and further behind economically. Even if economic prospects for young workers do not worsen, the demographic shift to single parent families alone will raise the rate of poverty from 25% to 27% by the year 2000 (Children's Defense Fund 1989). Researchers and demographers agree: American families face enormous challenges; and for programs and policies to impact children, we need to attend to family needs and family development. In fact, the strengths and weaknesses of young families will determine in large part whether this new generation of children grow into good citizens, workers and parents (Children's Defense Fund 1989).

If early interventions for children at-risk are to have an impact, then, families must be supported by comprehensive services. However, while most early childhood advocates believe comprehensive services are important and while Head Start programs provide an array of family-centered services, there has not been a coordinated, systematic effort at targeting family development for children at-risk. Furthermore, a review of family development research suggests that there are some significant gaps in the traditional comprehensive services model.

Consequently, the proceeding manual provides a planning workbook for early childhood professionals who wish to pursue family development. This manual is based on a strategic planning model,consistent with a synthesis of literature on children at-risk and reflects current family development theory. Finally, this family development manual is tailored to Spencer, Iowa, and represents the priorities of the Spencer Child Development Center staff.

Family Development

Family development, by no means, is a new idea. Literature on at-risk children has slowly begun to focus on family units and communities rather than individual children. Furthermore, public policy has recently seen a shift from child-centered initiatives to family-centered activities both at the federal and state level. In fact, federal legislation targeting services to handicapped preschool children specifically identifies the family unit as the necessary recipient of services (Clary 1990).

But despite the consensus on the importance of family-focused intervention, several themes have emerged in family development literature which are particularly essential to the CDC model and to this manual.

First of all, family development planning must be designed <u>with</u> families, not <u>to</u> them. Historically, intervention approaches have identified family needs followed by what we can do "to them" or "for them". In other words, a typical scenario involves a professional or a teacher who identifies a problem and then

prescribes or mobilizes resources to solve it - with family members participating little or none at all. It is perhaps not surprising, that with little input from families, themselves, let alone ownership in the "plan" or "outcome", that family intervention approaches have met with mixed reviews.

Importantly, the CDC family development model provides for family participation in each step. Staff is, in fact, instructed to include families and family members in the planning effort. Furthermore, the manual provides for strategies to assist families in designing their own plans. In other words, the family is empowered to plan for their own development. The staff become skilled facilitators in the process. By designing an "enablement model", staff can then focus on the promotion of growth rather than being limited to "fixing it" (Dunst, et al. 1988).

Another unique feature of this family development model is the notion of "family strengths". In fact, you will note that **Family Strengths** is the first component of this model. Too often intervention practices have focused on "what is wrong" with the family, followed by "how can we remediate it". First of all, this intervention act is likely to become a series of judgments based on a specific family value system. Secondly, and more importantly, it fails to recognize what we know is essential to human development; and that is, we must build on "strengths". It is difficult, if not impossible, to build on "negatives". If we are to design a plan for development, we must start from the strengths of families, schools and communities (Levin, 1990).

A third feature of the CDC family development plan is the use of assessment tools. Each sequential component is followed by a collection of assessment activities that may be used by staff if more information is needed in the planning process. For example, if staff have trouble identifying family strengths, a variety of tools appear in the appendix following the component on **Family Strengths** to help the professional identify strengths of a particular family. Several assessments are specifically recommended for all CDC children and their families, but, generally, the tools which appear in the appendices are optional resources to help families design their own plan.

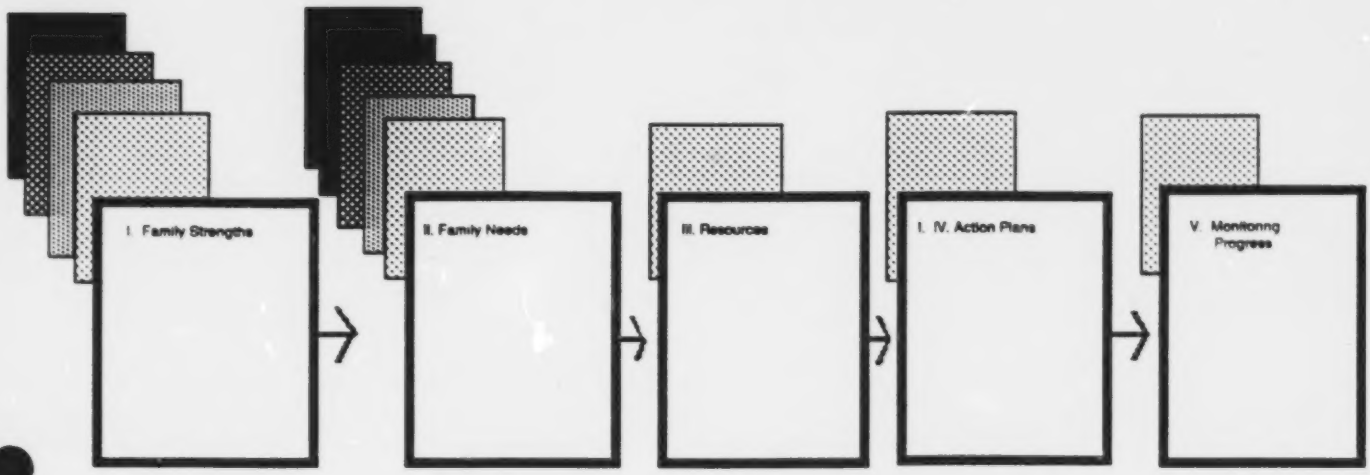
The primary information sources that really drive the family plan are parents, staff and children. There are no more sensitive and far reaching assessment instruments than teachers, support staff, and their interaction with parents and children. Any written assessments, are merely tools to provide planning information.

The Family Development Planning Model

The format for Planning for Family Development follows five components. The first three components provide a "map" or a method to gather specific information about **Family Strengths**, **Family Needs** and community **Resources**. The fourth component provides a careful step by step process from which to design **Action Plans** including strategies, and timelines. A procedure for **Monitoring Progress** makes up the fifth and last component. Each component begins with

a **Rationale** or a brief explanation as to why we should do this, followed by a working **Guide**, a **Summary** sheet and an **Appendix** of optional assessment tools.

CDC FAMILY DEVELOPMENT PLANNING MODEL



The family development planning model, however, is just that - a model, a blueprint to follow. It provides for questions, outlines issues, suggests assessment tools and even leaves room for note taking. In a sense, it is really a working notebook for the early childhood professional who wants to become a skilled, strategic planner.

It is only a beginning, however. The model itself needs fine tuning, frequent evaluation and updating. For some staff, it will become a careful, detailed outline from which they will work. For other professionals, it will simply be a functional guide to a planning process. But importantly, Planning for Family Development is a framework from which to design, coordinate and to achieve the goals targeted by the Spencer Child Development Center.

Conclusion

Building strong children, families and communities does not happen overnight. Nor is it achieved with a few fragmented, well-intended efforts. Planning for Family Development is a systematic framework from which to begin to empower families and providers to act. This empowerment partnered with fresh thinking and unique partnerships and coupled with persistence and long-term commitment may best ensure the probability of life chances for at-risk children and their families. As Marian Wright Edelman, President of the Children's Defense Fund, recently warned an Iowa audience: "This is not about business as usual. This is about the ticket to the future. If we miss this one - we may lose an entire generation!"*

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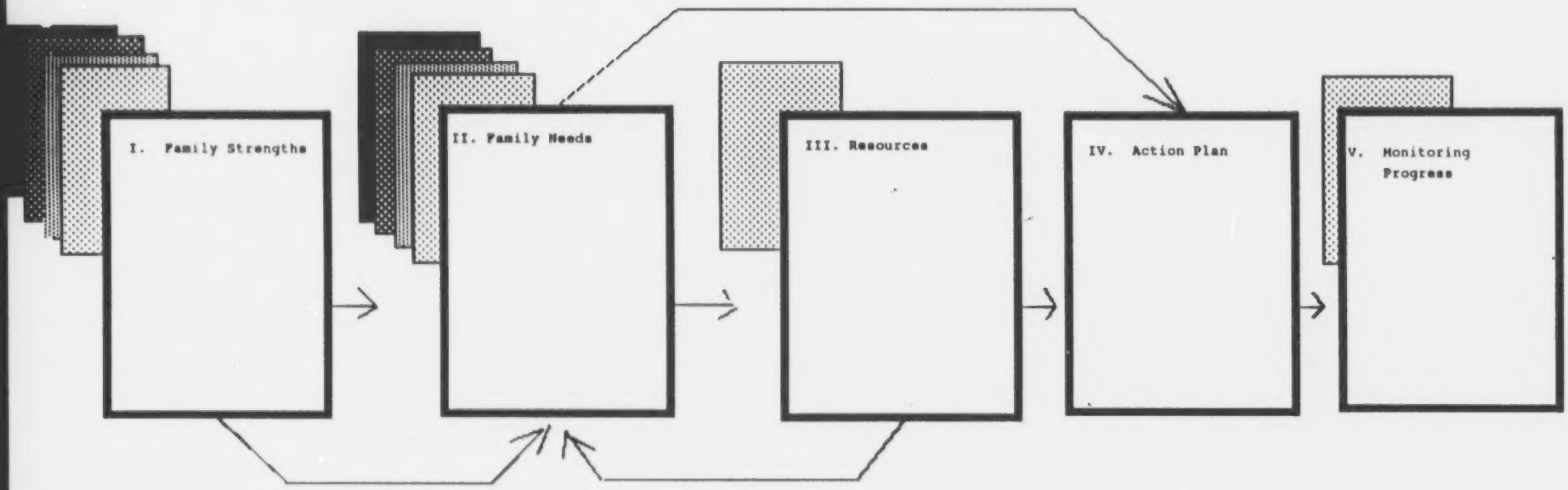
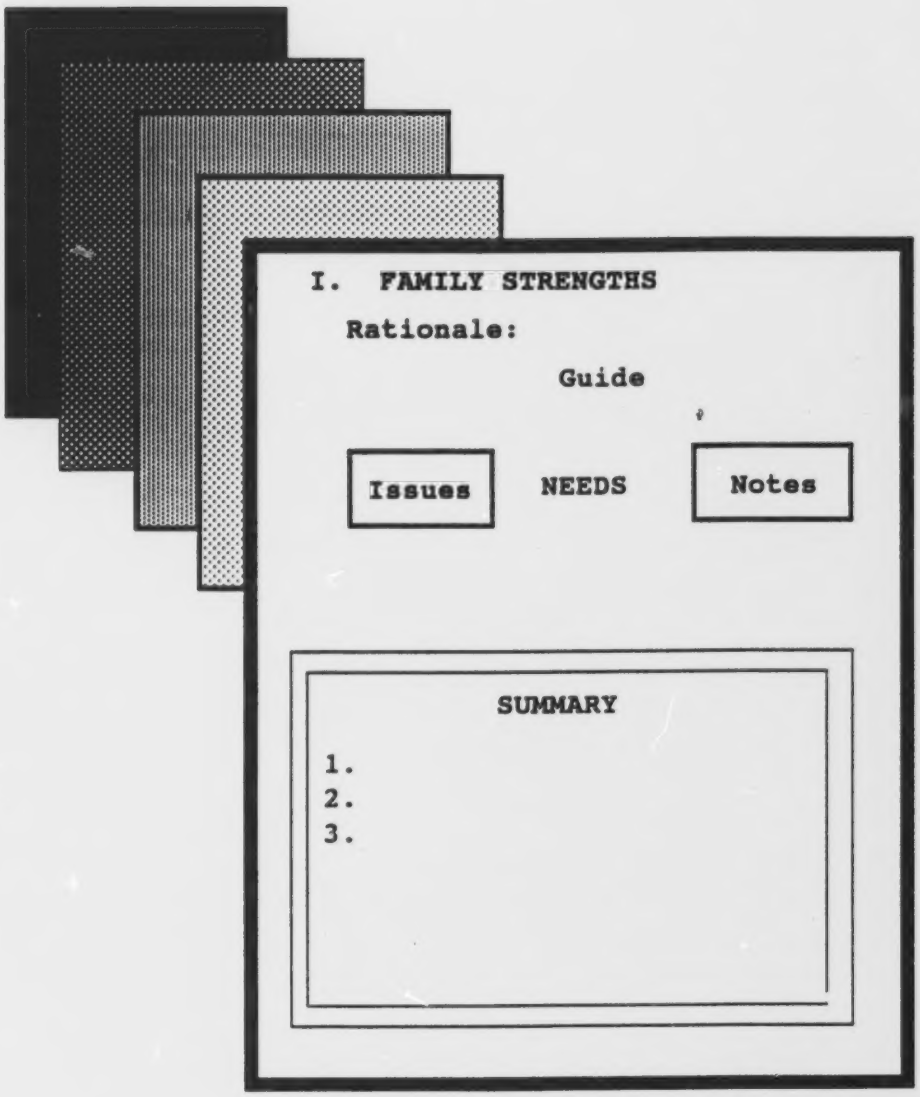
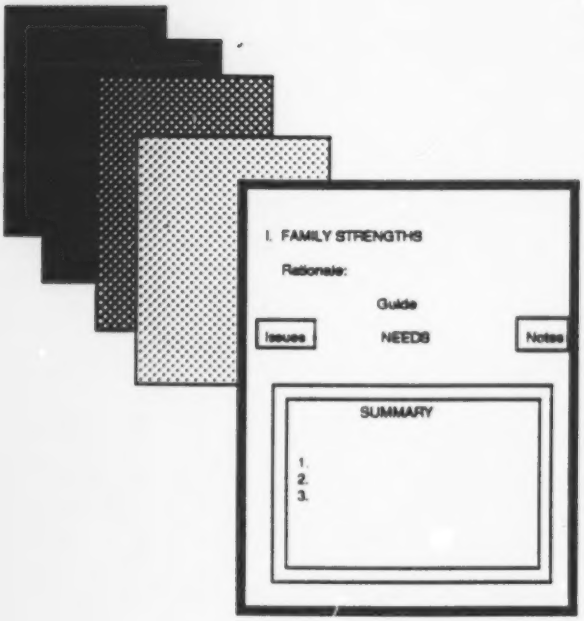
*Marion Wright Edelman, "ALL THINGS CONSIDERED", WOI, Ames, Iowa, February 9, 1990

CDC FAMILY DEVELOPMENT MODEL



I. FAMILY STRENGTHS





I. FAMILY STRENGTHS

RATIONALE: Central to the **CDC Family Development Planning Model** is the notion of **FAMILY STRENGTHS**. In fact, it is from the strengths of the family that each family must build. Similarly, it is the strengths of the family, traditionally ignored, that truly represent the capacity of the family to develop. According to current literature on children at-risk, too often intervention practices focus on weaknesses. For example, intervention strategies have traditionally targeted "what's wrong" with the family/ child and then followed with what we can "do to it" or "for it". However, consistent with recent research on families at-risk, the Upper Des Moines Opportunity Child Development Grant acknowledges that it is the strengths of disadvantaged families that must be defined clearly in order to build an effective planning model. Consequently, identifying **Family Strengths** is the first step in planning to resolve family needs in the **CDC Family Development Planning Model.**

Unlike the **Resources** Component, the **Family Strength** Component places emphasis on the internal characteristics of the family. For example, the family's ability to communicate daily with each other represents an important internal strength in the family's capacity to resolve needs. However, **Family Strengths** may also include an awareness of how to seek or use external sources. (e.g. WIC, Head Start, CDC) to meet their goals. That awareness is an internal **Family Strength.**

So how do we identify **FAMILY STRENGTHS?** What is it that contributes to a 'strong family'? While sound research into the dynamics of healthy families is still in its in-

fancy, there are a number of recurrent themes found in family strength literature. They include: spending time together, love, appreciation, commitment, respect, family pride (Davis 1980), individuality, ability to deal with a crisis in a positive manner, good communication and a high degree of religious orientation (Stinnet and Sauer 1977; Stinnet et al. 1981). Most recently "strong families" were identified by a survey project according to two key elements: (1) families where relationships are highly valued and (2) families whose members support each other through good times and bad. (Olson, Larsen and McCubbin 1981). The **Family Strengths Abstract** which follows represents a synthesis of research on family strengths and will serve as a guide to defining strengths for each CDC family.

Because there is crossover among components, staff may also discover "needs" in the **Family Strength** assessment. Importantly, the identification of **Family Strengths** will be an essential building block in designing a family development plan and, in fact, is placed first in this model in order to underscore the empowerment of families in planning for a better future.

Please complete the proceeding **FAMILY STRENGTHS ABSTRACT** for each family represented in the CDC. The Family Strengths Abstract will serve as a **guide** in identifying "strength" information. If you need additional assistance, a variety of assessment tools designed for identifying family strengths can be found in the **FAMILY STRENGTHS APPENDIX.**

FAMILY STRENGTH ABSTRACT

FOCUS QUESTION: What do you value most about your family?

DIRECTIONS: Identify the three greatest areas of strengths for this family. Using the interview process, the following items will help you identify strength areas. You need not use all items described here, but these detailed examples should serve as a guide to uncovering "strengths" information. The interviewer will want to listen carefully to key issues listed below as well as other themes expressed by family members. Notations on the left margin provide a quick cue to the issues represented in the numbered examples. The right-hand margin is provided for your own comments. When you have completed this interview process, summarize the three greatest "strengths" under "Summary" on page 11.

ISSUES	GUIDE	NOTES
SUPPORT SYSTEMS	1. Our family uses support systems. Examples: Parent/Adult Family Member has someone to: 1. Relax and joke with. 2. Talk with about problems or worries,to encourage you when you are down, to give advice, depend on. 3 Help with necessities like money, food, clothes, (more?) 4. Help with services needed for your child or family; transportation, child care, medical, emergencies, education (more?) 5. Help do things with your child or help do things around the house. 6. Talk with about problems with raising your child/children. (NOTE: Stimulate above interview by probing three main sources of support: A) family-immediate relatives, b) friends C) community resources.	

ISSUES		NOTES
SELF-ESTEEM BUILDING	2. Our family expresses appreciation of each other - we show we are proud of small accomplishments of family members. Our child and other family members have jobs that make them feel needed at home.	
PRIDE	3. Family members refer to the family as a source of satisfaction. This is individual family member's perception of the family as a worthy group.	
COMMUNICATION SKILLS	4. Our Family communicates well, shares feelings and concerns, and when we disagree we listen to both sides.	
PROBLEM SOLVING	5. We try to deal with problems immediately by not putting them off, by talking about different methods to solve them and then making a decision on what do to.	
VALUES	6. We generally can agree about things important to our family, such as how family members are expected to behave.	
TIME TOGETHER	7. We find time to be together even if it's just chores around the house, going places together, bedtime stories, playing, talking, other than TV. time (more?)	
POSITIVE DISCIPLINE	8. We can rephrase things that bother us into positive goal statements that we would like to help happen. Examples: "Wish Billy would knock off yelling for things at the table.." becomes "Want Billy to say please pass ____," or "Wish Kathie would quit running off every afternoon..."to "Want Kathie to set a couple times he will spend with Billy this week."	
SEEK SERVICES	9. We have received help for problems we could not settle within our family. (Examples: treatment for alcohol abuse, child abuse, emotional problems, counseling help, divorce, visitation agreement, (more?)	

ISSUES

NOTES

DEVELOPMENTAL STIMULATION

10. We have toys and activities that stimulate our child's learning and development (other than TV. and nintendo).

11. We participate and have jobs in activities that make us feel like we are needed and belong to the group. Examples: CDC parent group, Holiday parties, etc.

EXPECTATIONS

12. We want our child to have a better start in life.

SUMMARY

1. _____

_____

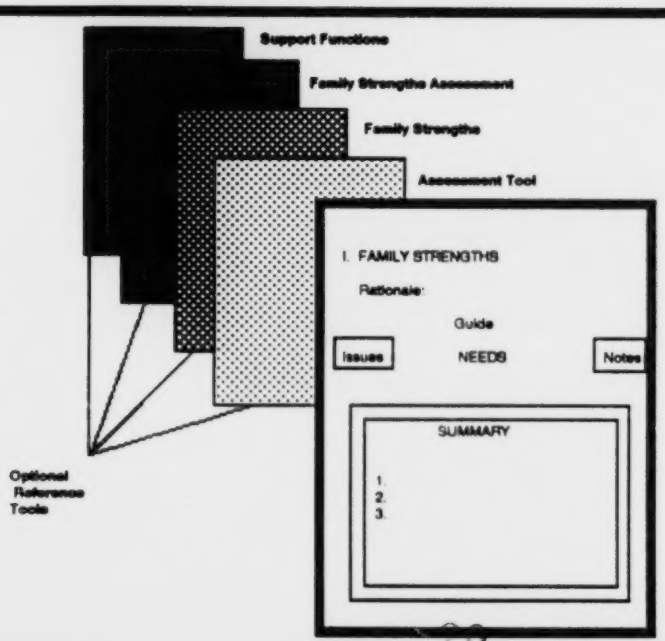
2. _____

_____

3. _____

_____

***OPTIONAL:** Having trouble identifying family strengths? The Family Strengths Appendix provides a variety of assessment tools to assist staff in identifying strength information.*



FAMILY STRENGTHS

APPENDIX A

* Assessment Tool

* Family Strengths Scale

*Family Strengths Assessment

*Support Functions Scale

Assessment Tool

Table 6-2
Questions for Promoting Implementation of the Assessment and Intervention Process

Identying Needs	Identifying Family Functioning Style	Identifying Sources of Support and Resources	Help-Giving Roles and Behavior
1. What are the family's concerns and interests?	1. Do individual family members display commitment toward the well-being of other family members and the family as a whole? In what ways?	1. Who are the people that the family members have contact with on a regular basis or feel close to?	1. Did I create opportunities for the family to share concerns? Did I promote the family's ability to translate concerns into needs?
2. What factors or conditions contribute to the family's concerns and interests?	2. Do individual family members display appreciation for the small and large accomplishments of other family members? How so?	2. What social groups or organizations do the family or individual family members belong to?	2. Did I help the family identify projects and aspirations in a way that promoted a feeling of competence in defining needs?
3. What are the needs and projects that derive from these concerns and interests?	3. Do family members spend time doing things together? In what ways?	3. What agencies or professional organizations do the family or individual family members come in contact with on a regular basis?	3. Did I create opportunities for the family to demonstrate or describe situations that reflected strengths?
4. In which ways does the family define its needs (projects, aspirations, etc.)?	4. Are there family beliefs or values that provide direction to the family's life? What are the beliefs?	4. What types of social support and resources do different people, groups, and agencies provide to the family?	4. Did I emphasize the positive aspects of family functioning? Did I rephrase and reformed negative comments in a positive manner?
5. Is there consensus among family members regarding the importance of the needs?	5. Does the family agree on what needs and projects are important enough to devote its time and energy?	5. How does the family currently mobilize its personal social network to obtain resources?	5. Did I create opportunities for the family to identify sources of support for meeting needs and help the family explore ways of procuring these resources?
6. Are there other concerns or interests expressed by individual family members?	6. Do family members communicate with one another in a way that reflects positive functioning? How?	6. What types of support and resources does the family provide to members of its personal social network?	6. Did I emphasize the use of informal support network members as a primary source of aid and assistance?
7. If there are individualized needs, are other family members supportive and in agreement with the person's appraisal of projects or aspirations?	7. Are there rules and expectations that guide family behavior? What are they?	7. Is provision of support and resources to others by the family viewed by the family as a benefit or burden?	7. Did I appropriately make suggestions or point out options for meeting needs? Did I allow the family the final decision regarding whether to accept or reject the advice.?
8. Are there apparent reasons why other needs are not currently defined as such by the family?	8. Does the family use a variety of copying strategies that promote positive functioning in dealing with both normal and difficult life events? What are they?	8. Which network members constitute resources for meeting identified needs?	8. Did I offer help that was normative and therefore did not inter deviance or undue variations?
9. Are there ways of helping the family see its situation differently so needs become more readily apparent?	9. Does the family engage in effective problem-solving activities? What are they?	9. Who are potential but underutilized or unidentified sources of support for meeting identified needs?	
10. Does the family have the time and energy for meeting needs? If not, why?			
11. Does the family see the benefits of devoting time and energy to meet needs.?			

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Questions for Promoting Implementation of the Assessment and Intervention Process

Identifying Needs	Identifying Family Functioning Style	Identifying Sources of Support and Resources	Help-Giving Roles and Behavior
	10. Does the family see the positive aspects of life, even during crises? In what ways?	10. How willing is the family to initiate a request for help or assistance? Do the benefits of asking for and accepting help outweigh the costs?	9. Did I offer help that matched the family's appraisal of its needs?
	11. Does the family display flexibility and adaptability in division of labor for meeting needs?	11. Are there particular reasons or factors (e.g., sense of indebtedness) that interfere with procuring necessary resources?	10. Did I offer help and make suggestions that would not cost the family undue amounts of time and energy, and resources?
	12. Does the family use a balance between internal and external family resources for meeting needs? In what ways?	12. Will asking for help create a sense of indebtedness? Can this be prevented?	11. Did I promote the family's ability to identify and mobilize resources in a way that resulted in immediate success?
	13. What anecdotes does the family share that reflect different strengths and capabilities?	13. Do network members provide help contingently or non-contingently? Is there a balance (give and take) in the exchange of aid and assistance between the family and network members?	12. Did I create opportunities for the family to display existing competencies or acquire new competencies as part of mobilizing resources to meet needs?
	14. What aspects of the physical and social environment reflect family strengths?	14. To what extent does the family feel it can depend on network members in times of need?	13. Did I employ roles that promoted the family's feelings of competence in actualizing plans to procure resources? Was this done in a way that resulted in the family attributing success to its own actions?
	15. What strengths and capabilities are used most often in dealing with daily routines and chores?	15. To what extent is the family satisfied with help that is provided by network members?	14. Was I positive and proactive in all aspects of interactions with the family? Did I use empathic and responsive listening techniques?
	16. What are the family's hobbies and interests? In what ways do they reflect strengths?		15. Did I create opportunities for the family and myself to function in a partnership for identifying and meeting needs?
	17. Are there opportunities to help the family rephrase and reframe negative comments in a more positive light?		16. Did I create opportunities for help provided to the family to be reciprocated?

*Dunst, Carl et.al., Enabling and Empowering Families: Principles and Guidelines For Practise, Cambridge, Brookline Bookss, 1988

FAMILY STRENGTHS

David H. Olson, Andrea S. Larsen, and Hamilton I. McCubbin

PLEASE RATE THE FOLLOWING ITEMS AS THEY APPLY TO YOUR FAMILY:

RESPONSE CHOICES				
1 Strongly Disagree	2 Moderately Disagree	3 Neither Agree Nor Disagree	4 Moderately Agree	5 Strongly Agree

(+) 1. We can express our feelings.

(-) 2. We tend to worry about many things.

(+) 3. We really do trust and confide in each other.

(-) 4. We have the same problems over and over.

(+) 5. Family members feel loyal to the family.

(-) 6. Accomplishing what we want to do seems difficult for us.

(-) 7. We are critical of each other.

(+) 8. We share similar values and beliefs as a family.

(+) 9. Things work out well for us as a family.

(+) 10. Family members respect one another.

(-) 11. There are many conflicts in our family.

(+) 12. We are proud of our family.

© Olson, D. H., 1982.

Permission to duplicate this scale has been obtained from:
Dr. David H. Olson, Family Social Science, University of Minnesota, 290 McNeal Hall, St. Paul, MN 555108.

Family Strengths Assessment*

Listed below are 20 statements about families. Please read each statement and indicate the extent to which it is true for your family. There are no right or wrong answers. Please give your honest opinions and feelings. Remember that no one family will be like all the statements given.

To what extend is each of the following statement like your family:	Not at All Like My Family	A Little Like My Family	Sometimes Like My Family	Generally Like My Family	Almost Always Like My Family
1. It is worth making personal sacrifices if it benefits our family.	0	1	2	3	4
2. We generally agree about how family members are expected to behave.	0	1	2	3	4
3. We believe that something good comes out of the worst situations.	0	1	2	3	4
4. We take pride in even the smallest accomplishments of family members.	0	1	2	3	4
5. We are able to share our concerns and feelings in productive ways.	0	1	2	3	4
6. No matter how difficult things get, our family sticks together.	0	1	2	3	4
7. We generally ask for help from persons outside our family if we cannot do things ourselves.	0	1	2	3	4
8. We generally agree about the things that are important to our family.	0	1	2	3	4
9. In our family we are always willing to "pitch in" and help one another.	0	1	2	3	4
10. If something beyond our control is constantly upsetting to our family, we find things to do that keep our minds off our worries	0	1	2	3	4
11. No matter what happens in our family, we try to look "at the bright side of things"	0	1	2	3	4
12. Even in our busy schedules, we find time to be together	0	1	2	3	4
13. Everyone in our family understands the rules about acceptable ways to act	0	1	2	3	4
14. Friends and relatives are always willing to help whenever we have a problem or crisis.	0	1	2	3	4
15. When we have a problem or concern, we are able to make decisions about what to do.	0	1	2	3	4
16. We enjoy time together even if it is just doing household chores.	0	1	2	3	4
17. If we have a problem or concern that seems overwhelming, we try to forget it for awhile.	0	1	2	3	4
18. Whenever we have disagreements, family members listen to "both sides of the story".	0	1	2	3	4
19. In our family, we make time to get things done that we all agree are important.	0	1	2	3	4
20. In our family, we can depend upon the support of one another whenever something goes wrong.	0	1	2	3	4
21. We generally talk about the different ways we deal with problems or concerns.	0	1	2	3	4
22. In our family, our relationships will outlast our material possessions.	0	1	2	3	4
23. Decisions like moving or changing jobs are based on what is best for all family members.	0	1	2	3	4
24. We can depend upon one another to help out when something unexpected comes up.	0	1	2	3	4
25. In our family, we try not to take one another for granted.	0	1	2	3	4
26. We try to solve our problems first before asking other to help.	0	1	2	3	4

Support Functions Scale

Carol M. Trivette & Carl J. Dunst

Name _____ Date _____

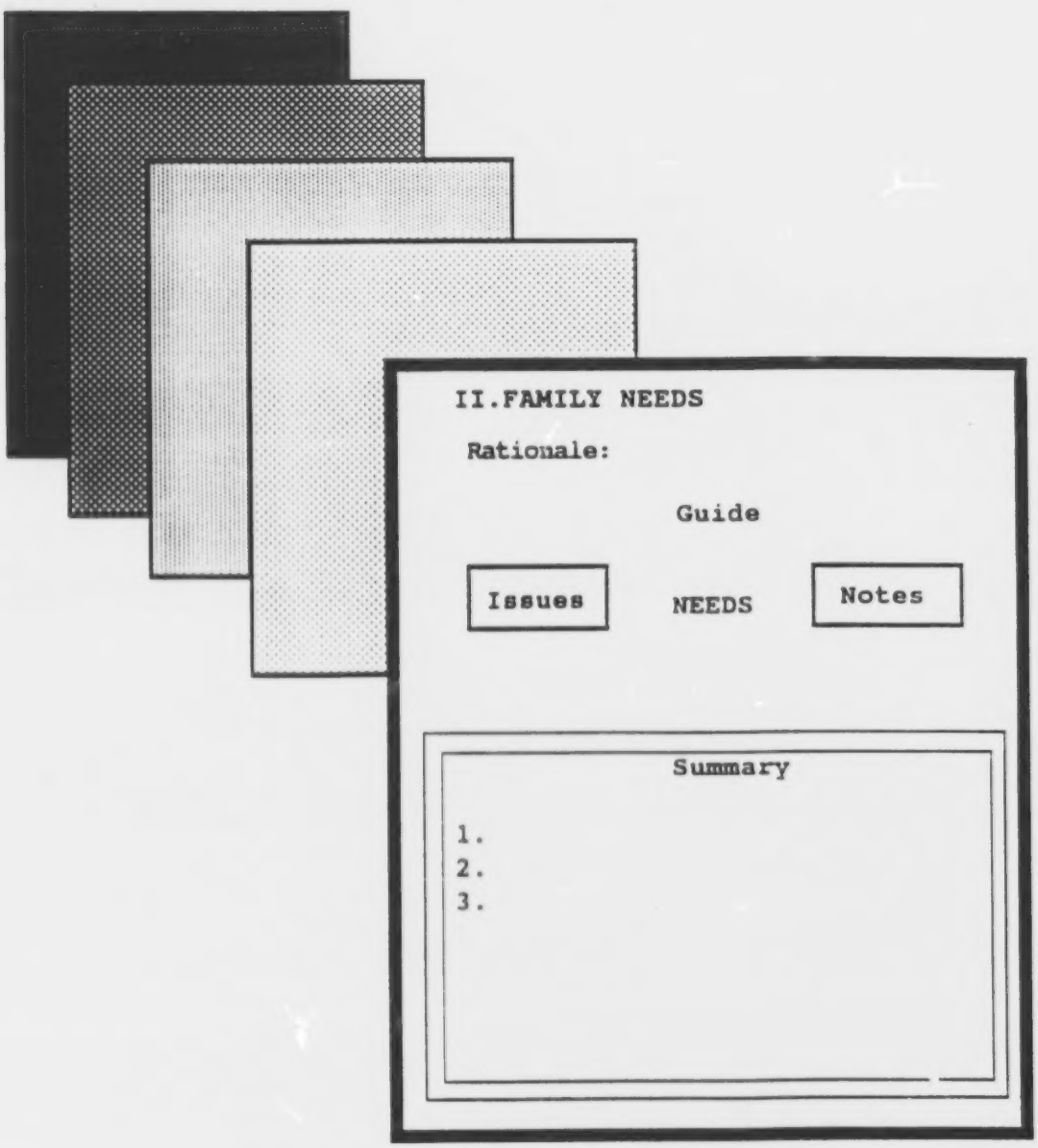
Listed below are 20 different types of assistance which people sometimes find helpful. This questionnaire asks you to indicate how much you need help in these areas.

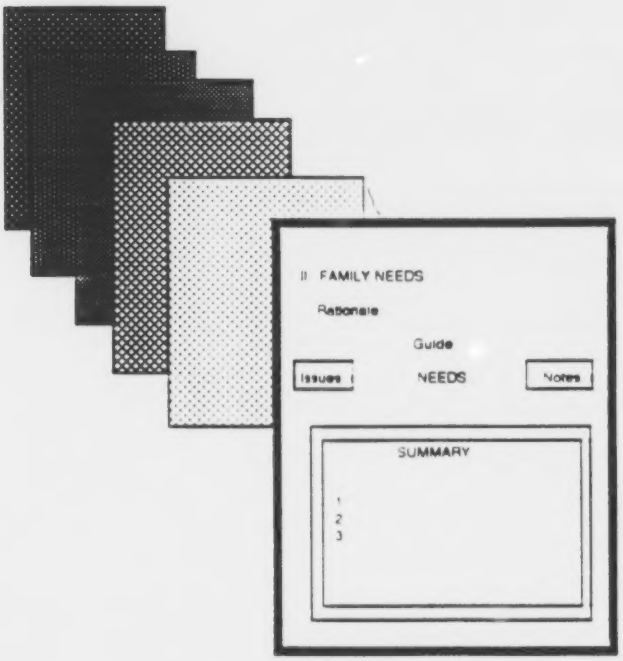
Please circle the response that best describes your needs. Please answer all the questions.

To what extent do you have or feel a need for any of the following types of help or assistance.	Never	Once in a while	Sometimes	Often	Quite Often
1. Someone to talk to about things that worry you.	1	2	3	4	5
2. Someone to provide money for food, clothes, and other things.	1	2	3	4	5
3. Someone to care for your child on a regular basis.	1	2	3	4	5
4. Someone to talk to about problems with raising your child.	1	2	3	4	5
5. Someone to help you get services for your child.	1	2	3	4	5
6. Someone to encourage you when you are down.	1	2	3	4	5
7. Someone to fix things around the house.	1	2	3	4	5
8. Someone to talk to who has had similar experiences.	1	2	3	4	5
9. Someone to do things with your child.	1	2	3	4	5
10. Someone whom you can depend on.	1	2	3	4	5
11. Someone to hassle with agencies or businesses when you can't.	1	2	3	4	5
12. Someone to lend you money.	1	2	3	4	5
13. Someone who accepts your child regardless of how (s)he acts.	1	2	3	4	5
14. Someone to relax or joke with.	1	2	3	4	5
15. Someone to help with household chores.	1	2	3	4	5
16. Someone who keeps you going when things seem hard.	1	2	3	4	5
17. Someone to care for your child in emergencies or when you must go out.	1	2	3	4	5
18. Someone to talk to you when you need advice.	1	2	3	4	5
19. Someone to provide you or your child transportation.	1	2	3	4	5
20. Someone who tells you about servides for your child or family.	1	2	3	4	5

Source: C. J. Dunst, C. M. Trivette, and A. G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice.* Cambridge, MA Brookline Books. May be reproduced.

II. FAMILY NEEDS

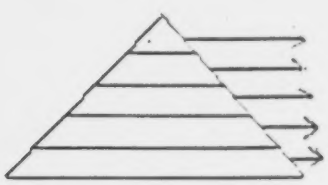




II. FAMILY NEEDS

RATIONALE: In order to design a **Family Development Plan**, it is important to identify critical and important family needs. While the rationale for this component may be self-explanatory, it is essential that the identified needs in the CDC **Family Development Plan** represent the family's <u>perception</u> of unmet needs, not only those prioritized by professionals. In fact, the SUMMARY should represent a <u>consensus</u> of those needs with the family playing an important role in the identification process.

Maslow's hierarchy is one well-known categorization of needs:



self-actualization
esteem - feelings of approval & worth
love and belonging-parent-child relations
safety - security needs
physiological - food, water, warmth, attention and affection, etc.

This theory is a pyramid in concept, implying that higher-order needs can be met only in building-block fashion by satisfying lower level needs first. This synopsis is not to sell Maslow's theory, but simply a reminder to staff of the comparative importance of lower level needs. (This perspective is often needed for teachers and support staff coming from largely middle class backgrounds.) One other reminder for the interviewer is to let the family tell their story and to try to envision the "big picture" by listening carefully for what each family member perceives as concerns, problems, or aspirations. The interviewer's role is to help the family

identify their own needs, rather than imposing judgement on what they "oughta" seek. The **Family Needs Abstract** provides a **Guide** in order to assist staff in this interview process.

Two specific need areas will require careful consideration by staff and further discussion in this manual: A) **Mental Health** and B) **Child Developmental Stimulation.** Please note that the latter "need" should be represented in at least one of the goals in the **ACTION PLAN:**

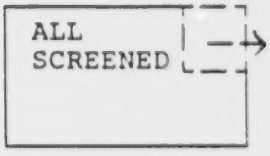
(A) **Mental Health**

MENTAL HEALTH NEEDS ARE SCREENED

RATIONALE: As a result of the local strategic planning process, it became clear that mental health considerations need to play a carefully defined role in the **CDC Family Development Planning Model.** Frequently, mental health concerns are not addressed at all or may appear as a consequence of a family needs assessment. However, the **CDC Family Development Planning Model** recommends that mental health needs are screened for all families as part of the initial process of gathering information in the **Family Needs** component. In order to assist the practitioner in identifying mental health needs, the **CDC Family Development Planning Model** provides some specific tools as well as some guidance about the ways in which screenings may be utilized.

HOW TO USE MENTAL HEALTH SCREENING

The purpose of a mental health screening tool for all CDC families is not to move all people being assessed along a continuum in a pretest/posttest fashion, but rather to identify a smaller group which may be at-risk and will require a closer look and a possible intervention:



Possible "At Risk", refer to further assessment & possible intervention.

RECOMMENDED FOR ALL PARENTS/ADULTS FILE

A suggested parent mental health screening device for all parents or adults with children in the CDC program is the FILE. Reviewed by Joan Blundall, Northwest Iowa Mental Health Center, the FILE is essentially a stress screen which flags specific issues that may suggest the need for intervention (e.g.: alcohol/drug dependence, marital strain, losses, transitions and so forth). The FILE does not in itself lead to mental health diagnoses, but does signal possible need for initiating contacts with a mental health professional.

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THE FAMILY INVENTORY OF LIFE EVENTS AND CHANGES (FILE) has been purchased by UDMO and is available upon request from the UDMO Children, Youth & Family Program Director and appears in the Appendix to **FAMILY NEEDS.** You may duplicate this tool for family development purposes. Scoring information is also available in the Appendix.

ROUTINELY CONDUCTED BY AEA

A routine child mental health screening is already customarily and routinely done by the AEA School Psychologist serving the CDC classroom. Furthermore, the Spencer CDC Program provides for services of a certified elementary guidance counselor from the Spencer School district, as part of an innovative component of the CDC Grant. This guidance counselor may also provide additional routine information to a CDC staff.

OPTIONAL: Do you need more information? Do routine assessments suggest the need for further screening? The diagram below reviews additional child mental health/social emotional normal screening if needed on a selective basis beyond the routine screening. The purpose of further screening is to determine the degree of problem, and/or to help set social-emotional and educational goals. Consult the school psychologist for further assistance.

TOESD
Test of Early Social Emotional Development. TOESD is a very quick scorable rating of child indicating degree of problem. Both a parent and teacher version is available

BURKS BEHAVIOR
Rating Scales
Preschool & Kindergarten
Edition: scores child on 18 dimensions of adjustment

CBC. Child Behavior
Checklist: more tuned to mental health diagnostic categories. NIMH Center staff are trained to utilize this tool.

CALIFORNIA PRESCHOOL
SOCIAL COMPETENCY SCALE.
aimed more at early social skills in following directions, accepting limits, play skills, sharing, etc. This scale can be used to set some educational goals.

(B) Child Developmental Stimulation

FAMILY DEVELOPMENT INCLUDES CHILD DEVELOPMENTAL

RATIONALE: Central to assessing family needs is the consideration of child developmental stimulation. First of all, because the child is the ultimate beneficiary of the **FAMILY DEVELOPMENT PLAN**, it is important to focus on developmental needs for all CDC children in family development. Certainly, learning/stimulation is a major thrust of the entire CDC program, but it must also be an essential component of **FAMILY DEVELOPMENT PLAN.**

Secondly, child developmental stimulation represents an area where significant change can occur and where the **FAMILY DEVELOPMENT PLAN** can provide leadership for that change. Research has shown that learning and development have been significantly enhanced when certain "environments" have been altered. For example, current thinking in developmental psychology has clarified a pattern of parent responses which facilitate language, social and cognitive development (Clark - Stewart & Apfel 1979). Importantly the "skills" or "behaviors" that can produce this development can be taught. Unlike many other factors which place children at-risk (e.g. poverty, substance abuse, etc.), child developmental stimulation represents a strong probability of success for children, families and practicitioners! Consequently,the **FAMILY DEVELOPMENT PLANNING MODEL** recommends that at least one identified "need" on child developmental stimulation be included in the **SUMMARY** on the **FAMILY NEEDS ABSTRACT** and that one goal target child developmental stimulation in the **ACTION PLAN.**

ALL FAMILY DEVELOPMENT PLANS MUST INCLUDE ONE GOAL ON CHILD DEVELOPMENTAL STIMULATION

To assist practitioners and families in identifying specific issues for developmental stimulation in the home, the **FAMILY DEVELOPMENT PLANNING MODEL** provides an assessment tool that may be utilized with all CDC families. Revised specifically for the CDC from the **HOME** inventory (Home Observation for Measurement of the Environment), this needs assessment identifies where the family is functioning in specific stimulation areas. Additionally, a five - point graduated rating scale graphically identifies areas of strengths and weakness and sketches behavior goals that can be used for planning. Furthermore, the graduated scale could also be utilized to document and monitor progress. This draft instrument, the **CDC HOME Stimulation Assessment**, has been adapted from

RECOMMEND HOME CDC Stimulation Assessment

HOME specifically for the Spencer Child Developmental Center and reflects the goals and objectives of local professionals working with at-risk families. The CDC **HOME Stimulation Assessment** is provided in the **Appendix** to the **Family Needs** component.

FAMILY NEEDS ABSTRACT

FOCUS QUESTION: **What do you see as the biggest problems for your family?:**

DIRECTIONS: Identify three areas of "need" for each family. Issues of "need" are outlined below and serve as guide to clarifying "need" information. Several areas of "need" have been summarized in the **Rationale** because of their importance. You may want to refer back to that discussion as you begin this assessment process. Additional screening tools, checklists and inventories including the **CDC HOME Stimulation Assessment** are provided in the Appendix of this section in order to assist you in gathering "needs" information. Because all **FAMILY DEVELOPMENT PLANS** must include at least one goal on child developmental stimulation, your SUMMARY should identify at least one "need" in this area. The **CDC HOME Stimulation Assessment** and FILE are strongly recommended for family participants in the Spencer CDC.

GUIDE

ISSUES	NEEDS	NOTES

1. BASIC NECESSITIES

(ECONOMIC)	Enough money to buy necessities. Paying for special needs of my child. Ability to budget our money. Saving money for the future.
(PHYSICAL)	Enough nutritious food & time to cook it. Medical/health & dental care. Housing & furnishings, heat, lights, plumbing, stove., laundry. Access to transportation. Access to phone (if needed.) Clothes, toys & stimulation material for child (ex: books to read, toys & how to use them).

ISSUES	NEEDS	NOTES
2. MENTAL HEALTH	Refer to Mental Health tools, discussed in **FAMILY NEEDS RATIONALE.** FILE is recommended for All CDC families.	
3. SUPPORT SYSTEMS	Time for myself. Respite child care. More friends/seeing friends more often. Recreation activities, hobbies and things I enjoy doing.	
4. FAMILY SYSTEMS	Doing things with my family (child, spouse, friend, parents, relatives.) Someone to talk with about my child: How to manage his/her behavior, how to stimulate my child and help him/her learn, concerns I have. Someone in my family that I can talk to about problems. Handling problems in our family. Better Communications Supporting each other more during difficult times. Better family relations: expressing appreciation, affection, respect, support (refer to support systems issue under **FAMILY STRENGTHS** for additional areas to explore).	
5. VOCATIONAL AND EDUCATIONAL	Opportunity for adult education for reading, math, writing levels or for GED. Getting a job for present expenses Difficulty holding a job once I get it. Child care during work hours. Training for a future job I want.	
6. CHILD DEVELOPMENTAL STIMULATION	The **CDC HOME Stimulation Assessment** is recommented for all families in the CDC found in the Appendix. For further information consult the **Rationale** and the **CDC HOME Stimulation Assessment** "User's Guide".	
7. COMMUNITY SERVICES	Knowing where to go for things I need (List things needed plus contacts that have been attempted) Treatment or counseling for a family members problem .	

SUMMARY

1. _____

_____

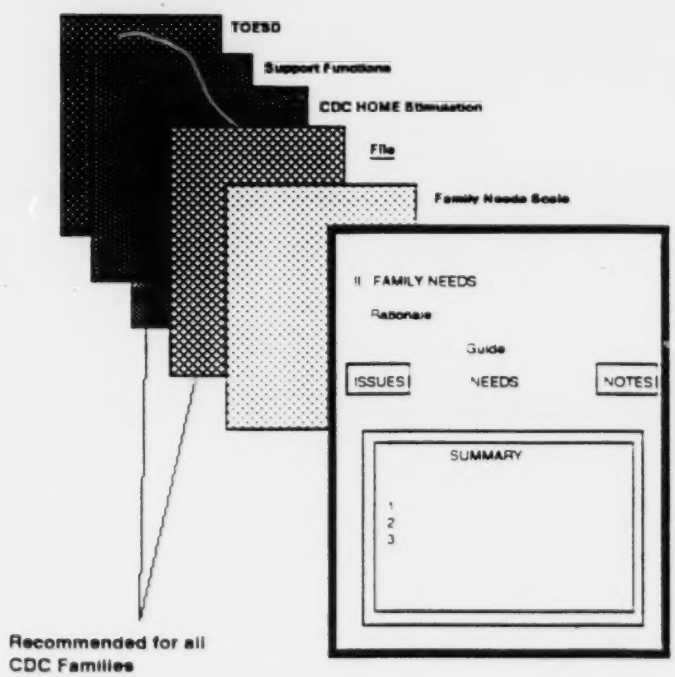
2. _____

_____

3. _____

_____

**OPTIONAL: Having trouble identifying needs? Additional instruments are appended if more information on family needs is desired.*



Recommended for all CDC Families

FAMILY NEEDS

APPENDIX B

* Family Needs Scale
* FILE
* CDC HOME Stimulation Assessment
* Support Functions
* TOESD - available in Manual pocket or from UDMO Inc. Office

Family Needs Scale

Carl J. Dunst, Carolyn S. Cooper, Janet C. Weeldreyayer, Dathy D. Snyder, & Joyce H. Chase

Name _____ Date _____

This scale asks you to indicate if you have a need for any type of help or assistance in 41 different areas. Please circle the response that best describes how you feel about needing help in those areas.

To what extent do you feel the need for any of the following types of help or assistance	Not Applicable	Almost Never	Seldom	Sometimes	Often	Almost Always
1. Having money to buy necessities and pay bills	NA	1	2	3	4	5
2. Budgeting money	NA	1	2	3	4	5
3. Paying for special needs of my child	NA	1	2	3	4	5
4. Saving money for the future	NA	1	2	3	4	5
5. Having clean water to drink	NA	1	2	3	4	5
6. Having food for two meals for my family	NA	1	2	3	4	5
7. Having time to cook healthy meals for my family	NA	1	2	3	4	5
8. Feeding my child	NA	1	2	3	4	5
9. Getting a place to live	NA	1	2	3	4	5
10. Having plumbing, lighting, heat	NA	1	2	3	4	5
11. Getting furniture, clothes, toys	NA	1	2	3	4	5
12. Completing chores, repairs, home improvements	NA	1	2	3	4	5
13. Adapting my house for my child	NA	1	2	3	4	5
14. Getting a job	NA	1	2	3	4	5
15. Having a satisfying job	NA	1	2	3	4	5
16. Planning for future job of my child	NA	1	2	3	4	5
17. Getting where I need to go	NA	1	2	3	4	5
18. Getting in touch with people I need to talk to	NA	1	2	3	4	5
19. Transporting my child	NA	1	2	3	4	5
20. Having special travel	NA	1	2	3	4	5
21. Finding someone to talk to about my child	NA	1	2	3	4	5
22. Having someone to talk to	NA	1	2	3	4	5
23. Having medical and dental care for	NA	1	2	3	4	5
25. Having emergency health care	NA	1	2	3	4	5
26. Finding special dental and medical care for my child	NA	1	2	3	4	5
27. Planning for future health needs	NA	1	2	3	4	5
28. Managing the daily needs of my child at home	NA	1	2	3	4	5
29. Caring for my child during work hours	NA	1	2	3	4	5
30. Having emergency child care	NA	1	2	3	4	5
31. Getting respite care for my child	NA	1	2	3	4	5
32. Finding care for my child in the future	NA	1	2	3	4	5
33. Finding a school placement for my child	NA	1	2	3	4	5
34. Getting equipment or therapy for my child	NA	1	2	3	4	5
35. Having time to take my child to appointments	NA	1	2	3	4	5
36. Exploring future educational options for my child	NA	1	2	3	4	5
37. Expanding my education, skills, and interests	NA	1	2	3	4	5
38. Doing things that I enjoy	NA	1	2	3	4	5
39. Doing things with my family	NA	1	2	3	4	5
40. Participation in parent groups or clubs	NA	1	2	3	4	5
41. Traveling/vacationing with my child	NA	1	2	3	4	5

*C. J. Dunst, C. M. Trivette, and A. G. Deal (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, MA Brookline Books, May be reproduced.

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FAMILY STRESS COPING AND HEALTH PROJECT
1300 Linden Drive
University of Wisconsin-Madison
Madison, WI 53706

Family Health Program
FORM C
1983
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IID ☐☐☐☐
GID ☐☐☐
FID ☐☐☐☐

FILE

Family Inventory of Life Events and Changes

Hamilton I. McCubbin Joan M. Patterson Lance R. Wilson

PURPOSE

Over their life cycle, all families experience many changes as a result of normal growth and development of members and due to external circumstances. The following list of family life changes can happen in a family at any time. Because family members are connected to each other in some way, a life change for any one member affects all the other persons in the family to some degree.

> "FAMILY" means a group of two or more persons living together who are related by blood, marriage or adoption. This includes persons who live with you *and* to whom you have a long term commitment.

DIRECTIONS

"DID THE CHANGE HAPPEN IN YOUR FAMILY?"
Please read each family life change and decide whether it happened to any member of your family—including you.

- DURING THE LAST YEAR
  First, decide if it happened any time during the last 12 months and check YES or NO.

During Last 12 Months	
Yes	No
☐	☐

FAMILY LIFE CHANGES	DID THE CHANGE HAPPEN IN YOUR FAMILY? During Last 12 Months Yes	No	Score
I. INTRA-FAMILY STRAINS			
1. Increase of husband/father's time away from family 46	☐	☐ 12	
2. Increase of wife/mother's time away from family 51	☐	☐	
3. A member appears to have emotional problems 58	☐	☐	
4. A member appears to depend on alcohol or drugs 66	☐	☐	
5. Increase in conflict between husband and wife 53	☐	☐	
6. Increase in arguments between parent(s) and child(ren) 45	☐	☐	
7. Increase in conflict among children in the family 48	☐	☐	
8. Increased difficulty in managing teenage child(ren) 55	☐	☐	
Increased difficulty in managing school age child(ren) (6-12 yrs.) 39	☐	☐	
10. Increased difficulty in managing preschool age child(ren) (2½-6 yrs.) 36	☐	☐	
11. Increased difficulty in managing toddler(s) (1-2½ yrs.) 36	☐	☐	
12. Increased difficulty in managing infant(s) (0-1 yr.) 35	☐	☐	
13. Increase in the amount of "outside activities" which the child(ren) are involved in 25	☐	☐	
14. Increased disagreement about a member's friends or activities 35	☐	☐	
15. Increase in the number of problems or issues which don't get resolved 45	☐	☐	
16. Increase in the number of tasks or chores which don't get done 35	☐	☐	
17. Increased conflict with in-laws or relatives 40	☐	☐ 32	
II. MARITAL STRAINS			
18. Spouse/parent was separated or divorced 79	☐	☐	
19. Spouse/parent has an "affair" 68	☐	☐	
20. Increased difficulty in resolving issues with a "former" or separated spouse 47	☐	☐	
21. Increased difficulty with sexual relationship between husband and wife 58	☐	☐ 28	

Subtotal 1 ____ 33

Please turn over and complete ▸

FAMILY LIFE CHANGES	DID THE CHANGE HAPPEN IN YOUR FAMILY? During Last 12 Months Yes	No	Score
III. PREGNANCY AND CHILDBEARING STRAINS			
22. Spouse had unwanted or difficult pregnancy 45	☐	☐	
23. An unmarried member became pregnant 65	☐	☐	
24. A member had an abortion 50	☐	☐	
25. A member gave birth to or adopted a child 50	☐	☐ m	
IV. FINANCE AND BUSINESS STRAINS			
26. Took out a loan or refinanced a loan to cover increased expenses 29	☐	☐	
27. Went on welfare 55	☐	☐	
28. Change in conditions (economic, political, weather) which hurts the family business 41	☐	☐	
29. Change in Agriculture Market, Stock Market, or Land Values which hurts family investments and/or income 43	☐	☐	
30. A member started a new business 50	☐	☐	
31. Purchased or built a home 41	☐	☐	
A member purchased a car or other major item 19	☐	☐	
33. Increasing financial debts due to over-use of credit cards 31	☐	☐	
34. Increased strain on family "money" for medical/dental expenses 23	☐	☐	
35. Increased strain on family "money" for food, clothing, energy, home care 21	☐	☐	
36. Increased strain on family "money" for child(ren)'s education 22	☐	☐	
37. Delay in receiving child support or alimony payments 41	☐	☐ w	
V. WORK-FAMILY TRANSITIONS AND STRAINS			
38. A member changed to a new job/career 40	☐	☐	
39. A member lost or quit a job 55	☐	☐	
40. A member retired from work 48	☐	☐	
41. A member started or returned to work 41	☐	☐	
42. A member stopped working for extended period (e.g., laid off, leave of absence, strike) 51	☐	☐	
43. Decrease in satisfaction with job/career 45	☐	☐	
44. A member had increased difficulty with people at work 32	☐	☐	
A member was promoted at work or given more responsibilities 40	☐	☐	
46. Family moved to a new home/apartment 43	☐	☐	
47. A child/adolescent member changed to a new school 24	☐	☐ n	
Subtotal 3			

FAMILY LIFE CHANGES	DID THE CHANGE HAPPEN IN YOUR FAMILY? During Last 12 Months Yes	No	Score
VI. ILLNESS AND FAMILY "CARE" STRAINS			
48. Parent/spouse became seriously ill or injured 44	☐	☐	
49. Child became seriously ill or injured 35	☐	☐	
50. Close relative or friend of the family became seriously ill 44	☐	☐	
51. A member became physically disabled or chronically ill 73	☐	☐	
52. Increased difficulty in managing a chronically ill or disabled member 58	☐	☐	
53. Member or close relative was committed to an institution or nursing home 44	☐	☐	
54. Increased responsibility to provide direct care or financial help to husband's and/or wife's parent(s) 47	☐	☐	
55. Experienced difficulty in arranging for satisfactory child care 40	☐	☐ n	
VII. LOSSES			
56. A parent/spouse died 98	☐	☐	
57. A child member died 99	☐	☐	
58. Death of husband's or wife's parent or close relative 48	☐	☐	
59. Close friend of the family died 47	☐	☐	
60. Married son or daughter was separated or divorced 58	☐	☐	
61. A member "broke up" a relationship with a close friend 35	☐	☐ a	
VIII. TRANSITIONS "IN AND OUT"			
62. A member was married 42	☐	☐	
63. Young adult member left home 43	☐	☐	
64. A young adult member began college (or post high school training) 28	☐	☐	
65. A member moved back home or a new person moved into the household 42	☐	☐	
66. A parent/spouse started school (or training program) after being away from school for a long time 38	☐	☐ o	
IX. FAMILY LEGAL VIOLATIONS			
67. A member went to jail or juvenile detention 68	☐	☐	
68. A member was picked up by police or arrested 57	☐	☐	
69. Physical or sexual abuse or violence in the home 75	☐	☐	
70. A member ran away from home 61	☐	☐	
71. A member dropped out of school or was suspended from school 38	☐	☐ w	
Subtotal 4			

FILE

Family Inventory of Life Events and Changes

SCORING INSTRUCTIONS

FILE is designed to develop eleven scores -- nine scale scores of recent family life changes, a total recent life change score and a total past life change score.

Use the following procedures to obtain these scores:

I. NINE SCALE SCORES

Add the number of "YES" boxes checked in the column Happened "During Last 12 Months", for each of the nine scales and record these totals to the right.

II. TOTAL RECENT FAMILY LIFE CHANGE SCORE

Add the nine scale scores above and enter the total to the right.

III. TOTAL PAST FAMILY LIFE CHANGE SCORE

Under the column headed Happened "Before Last 12 Months", add all the "YES" answers for all scales and record the total to the right.
NOTE: Only 34 items are considered part of this scale and have YES-NO boxes in this column.

		SCORE
I.	Intra-Family Strains (items 1-17)	
	Marital Strains (items 18-21)	
	Pregnancy Strains (items 22-25)	
	Finance Business Strains (items 26-37)	
	Work-Family Strains (items 38-47)	
	Illness Strains (items 48-55)	
	Losses (items 56-61)	
	Transitions (items 62-66)	
	Legal (items 67-71)	
II.	Total Recent Family Life Changes	
III.	Total Past Family Life Changes	

PROFILE OF SCORES

Each of these scores can be plotted on the graph on the reverse side by placing an "X" on the appropriate number on each bar line for each score.

INTERPRETATION OF PROFILE

The average (mean) value for each scale is indicated by the shaded vertical line. The shaded horizontal line indicates the normal range for each score (one standard deviation or 68%). The location of your "X" on each bar line indicates whether your family is in the normal range for that scale and whether your family is above or below the average number of family life changes for each scale.

Interpretation of these scores to families must be treated with caution and sensitivity to their feelings and concerns. It is not helpful to "alarm" a family of life change scores which fall outside the "average" range of scores. Rather the emphasis of counseling would be better focused on:

1. What life events are they struggling with which especially concern them.
2. How are family members "coping" with these changes.
3. How does the family feel about the events and their efforts to cope.
4. What can be done to control the number of changes affecting them, what changes can they anticipate and prepare for, what methods of coping can they use or improve upon -- all in an effort to facilitate adaptation to their situation.

© McCubbin, H. I., 1981.

Permission to use or duplicate this scale can be obtained by writing to: Dr. Hamilton I. McCubbin, 1300 Linden Drive, University of Wisconsin, Madison, WI 53706.

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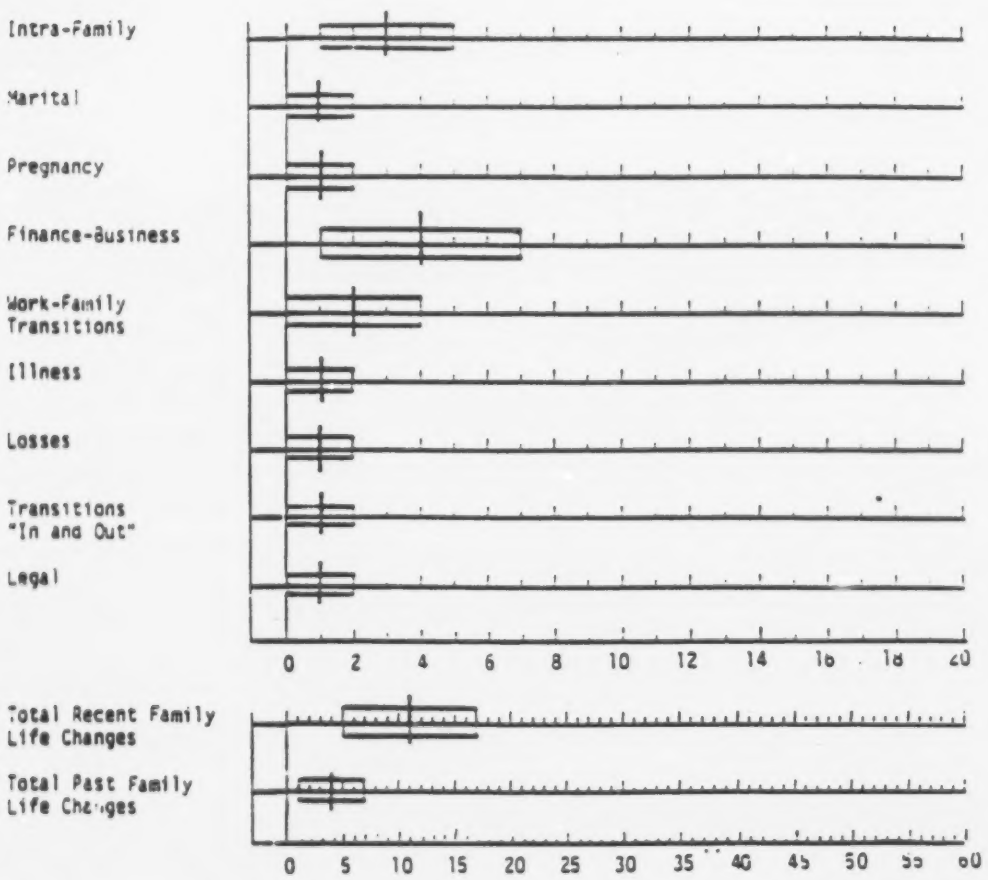
FILE

Profile of Family Life Changes

Family_____

Family Inventory of Life Events and Changes

(McCubbin, Patterson, & Wilson, 1981)



Clinical Comments:

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FILE

Family Inventory of Life Events and Changes

TABLE OF FAMILY LIFE CHANGE SCORES*

FAMILY LIFE CHANGES	SCORE	FAMILY LIFE CHANGES	SCORE
I. INTRA-FAMILY STRAINS		12. Increased difficulty in managing infant(s) (0-1 yr.)	35
1. Increase of husband/father's time away from family	46	13. Increase in the amount of "outside activities" which the child(ren) are involved in	25
2. Increase of wife/mother's time away from family	51	14. Increased disagreement about a member's friends or activities	35
3. A member appears to have emotional problems	58	15. Increase in the number of problems or issues which don't get resolved	43
4. A member appears to depend on alcohol or drugs	66	16. Increase in the number of tasks or chores which don't get done	35
5. Increase in conflict between husband and wife	53	17. Increased conflict with in-laws or relatives	40
6. Increase in arguments between parent(s) and child(ren)	45	**II. MARITAL STRAINS**	
7. Increase in conflict among children in the family	48	18. Spouse/parent was separated or divorced	79
8. Increased difficulty in managing teenage child(ren)	55	19. Spouse/parent has an "affair"	68
9. Increased difficulty in managing school age child(ren) (6-12 yrs.)	39	20. Increased difficulty in resolving issues with a "former" or separated spouse	47
10. Increased difficulty in managing preschool age child(ren) (2½-6 yrs.)	36	21. Increased difficulty with sexual relationship between husband and wife	58
11. Increased difficulty in managing toddler(s) (1-2½ yrs.)	36		

*Family Life Change Scores are standardized weights assigned to indicate the relative "stressfulness" of items of A-FILE, i.e. the degree of social readjustment an average family must make in its usual pattern of life as a result of experiencing each life event.

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Permission to use or duplicate this scale can be obtained by writing to: Dr. Hamilton I. McCubbin, 1300 Linden Drive, University of Wisconsin, Madison, WI 53706.

FAMILY LIFE CHANGES	SCORE
III. PREGNANCY AND CHILDBEARING STRAINS	
22. Spouse had unwanted or difficult pregnancy	45
23. An unmarried member became pregnant	65
24. A member had an abortion	50
25. A member gave birth to or adopted a child	50
IV. FINANCE AND BUSINESS STRAINS	
26. Took out a loan or refinanced a loan to cover increased expenses	29
27. Went on welfare	55
28. Change in conditions (economic, political, weather) which hurts the family business	41
29. Change in Agriculture Market, Stock Market, or Land Values which hurts family investments and/or income	43
30. A member started a new business	50
31. Purchased or built a home	41
32. A member purchased a car or other major item	19
33. Increasing financial debts due to over-use of credit cards	31
34. Increased strain on family "money" for medical/dental expenses	23
35. Increased strain on family "money" for food, clothing, energy, home care	21
36. Increased strain on family "money" for children's education	22
37. Delay in receiving child support or alimony payments	41
V. WORK-FAMILY TRANSITIONS AND STRAINS	
38. A member changed to a new job/career	40
39. A member lost or quit a job	55
40. A member retired from work	51
41. A member started or returned to work	41
42. A member stopped working for extended period (e.g., laid off, leave of absence, strike)	51
43. Decrease in satisfaction with job/career	45
44. A member had increased difficulty with people at work	32
45. A member was promoted at work or given more responsibilities	40
46. Family moved to a new home/apartment	43
47. A child/adolescent member changed to a new school	24

FAMILY LIFE CHANGES	SCORE
VI. ILLNESS AND FAMILY "CARE" STRAINS	
48. Parent/spouse became seriously ill or injured	44
49. Child became seriously ill or injured	35
50. Close relative or friend of the family became seriously ill	44
51. A member became physically disabled or chronically ill	73
52. Increased difficulty in managing a chronically ill or disabled member	58
53. Member or close relative was committed to an institution or nursing home	44
54. Increased responsibility to provide direct care or financial help to husband's and/or wife's parent(s)	47
55. Experienced difficulty in arranging for satisfactory child care	40
VII. LOSSES	
56. A parent/spouse died	98
57. A child member died	99
58. Death of husband's or wife's parent or close relative	48
59. Close friend of the family died	47
60. Married son or daughter was separated or divorced	58
61. A member "broke up" a relationship with a close friend	35
VIII. TRANSITIONS "IN AND OUT"	
62. A member was married	42
63. Young adult member left home	43
64. A young adult member began college (or post high school training)	28
65. A member moved back home or a new person moved into the household	38
66. A parent/spouse started school (or training program) after being away from school for a long time	38
IX. FAMILY LEGAL VIOLATIONS	
67. A member went to jail or juvenile detention	63
68. A member was picked up by police or arrested	57
69. Physical or sexual abuse or violence in the home	75
70. A member ran away from home	61
71. A member dropped out of school or was suspended from school	38

CDC HOME STIMULATION ASSESSMENT

CDC HOME STIMULATION ASSESSMENT has been adapted from the HOME (Home Observation for Measurement of the Environment) by Jim Quinn, AEA 3 School Psychologist, for use with parents of enrollees in the Spencer CDC.*

USER'S GUIDE

The **CDC - HOME STIMULATION ASSESSMENT (H.S.A.)** provides for (1) a sampling of the quality and quantity of stimulation available to children within the home setting (2) evaluates issues important to the Spencer CDC on a five-point scale and (3) displays objectives for developmental stimulation in a simple sequence so that future goals/directions can be seen at a glance. This assessment tool targets priority issues selected by early childhood educators and professionals working with local at-risk families.

The H.S.A. should not be given in such a manner that the family feels scrutinized or judged. Therefore the revised version is written in positive "need to develop" terms rather than in identified "problem" terms. To further guard against a judgmental approach, the **FAMILY DEVELOPMENT PLANNING MODEL** recommends that the observer/interviewer and parent arrive at a consensus on ratings for each issue. For example, the parent could rate sub-scales independently, followed by discussion and consensus with the interviewer. Or, the **H.S.A.** might be completed with the parent(s) and interviewer together. It will be up to the interviewer to tailor this important assessment process for each CDC family. Please note that the author has provided "interview prompts" to assist the interviewer with the consensus-building through discussion. Staff should contribute their own observations of family interaction when discussing questions.

Finally, this adapted version of the Caldwell **HOME** assessment is composed of items which, if marked by generally low ratings, are believed to suggest that a child may be at-risk developmentally. Unlike correlational factors which often place a child at-risk

*The screening items have been adapted to CDC use from Home Observation For Measurement of the Environment, Dr. Betty Caldwell, University of Arkansas, 1978, adapted with permission, December 1990.

(i.e. poverty, substance abuse, etc.), the items listed here are generally skills that can be directly taught to and developed by school staff. Importantly, the items generally describe concrete things which parents can do, rather than subjectively how they feel. These "skills" are generally behaviors which can be modeled for parents by teaching staff.

ONE CAUTIONARY NOTE: The **CDC HOME STIMULATION ASSESSMENT** should not be used to determine how "poor" parenting skills are, or the degree of family dysfunction. This use would be judgmental and contrary to the goals of enabling and empowering families. However, staff should be aware that prolonged low scores in a number of significant areas could signal a need for some families to avail themselves of help from outside agencies. The overall original goal of constructing graduated responses for items, however, is not to measure degree of dysfunction but rather provide a behavior progression to use in setting goals and teaching toward those objectives. In keeping with the spirit of empowering families, staff will want to review these areas with CDC parents/adults as CDC families themselves, contribute to prioritizing their family development goals.

CDC HOME STIMULATION ASSESSMENT

(HOME DEVELOPMENTAL STIMULATION ASSESSMENT TOOL)

CDC PRIORITY #1

PRIDE, AFFECTION, AND WARMTH (POSITIVE PARENTING)

PHYSICAL ENCOURAGED CLOSENESS

1. Parent/Adult holds child close ten to fifteen minutes per day, e.g. during TV, story time or visiting. This may not be possible at one sitting especially if the parent/adult has several children wanting attention. A couple of minutes several times a day will receive credit.

1	2	3	4	5
parent avoids any contact, disinterest, afraid could hurt, etc.	no report or observation of physical contact between parent and child	parent gives report of minimal physical contact	parents both reported and observed to touch, hold, sit next to child (sometimes)	physical closeness frequently observed and reported in numerous examples

INTERVIEW PROMPTS: *Tell me about _____. Does he/she sit next to you? Like to be held? What type of things will you do when you are sitting together? Does that happen frequently?*

PARENT DISPLAYS AFFECTION

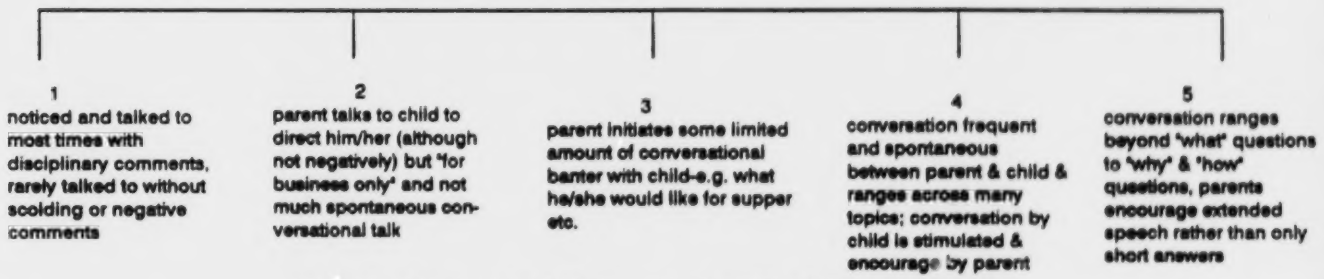
2. Parent/Adult caressess, kisses or cuddles child at least once during visit. This need not be a wild burst of showy affection. Simple signs of concern such as gently tucking the child's shirt in, holding him/her on lap, holding a hand, or a gentle pat on the shoulder would all receive notation.

1	2	3	4	5
no visible signs of affection to child are observed or reported	parent report occasionally making contact but only when "needed" such as holding hand if child is scared	parent reports a few displays of affection, but only as called for ,such as kissing goodnight	parent has at least one or two methods of showing affection and uses them spontaneously	parent often given visible spontaneous demonstration of affection such as kisses, cuddles, holding hands, patting, & seems to enjoy doing this

INTERVIEW PROMPTS: *How do you let your child know you like him/her? Does your child seem to like to be kissed/cuddled hand held/patted/ seated on your lap, etc. or aren't you sure? (Closeness here is demonstrated by various means of showing affection.)*

PARENT INITIATES CONVERSATION WITH CHILD

3. Parent/Adult converses with child at least twice during visit (scolding and suspicious comments are not counted.) This item involves conversation, not just vocalization which can be any sounds or words exchanged with the child. The Parent/Adult must make an effort to converse with the child and ask questions, to talk about things, or to engage in verbal interchange

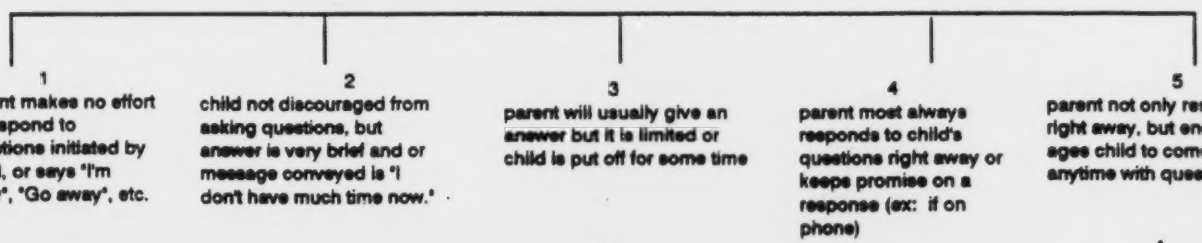

1
noticed and talked to most times with disciplinary comments, rarely talked to without scolding or negative comments
2
parent talks to child to direct him/her (although not negatively) but 'for business only' and not much spontaneous conversational talk
3
parent initiates some limited amount of conversational banter with child-e.g. what he/she would like for supper etc.
4
conversation frequent and spontaneous between parent & child & ranges across many topics; conversation by child is stimulated & encourage by parent
5
conversation ranges beyond 'what' questions to 'why' & 'how' questions, parents encourage extended speech rather than only short answers

other than scolding or degrading comments.

INTERVIEW PROMPTS: *Does _____ respond well when you talk to him/her ? What types of things do you seem to tell/say to him/her most? Does your child say much back to you? Can you give me examples of the kinds of questions you might ask _____? (what, when, who, why, how).*

PARENT RESPONDS TO CHILD'S QUESTIONS

4. Parent/Adult answers child's questions or requests verbally. In order to receive credit for this item the parent/adult must make an effort to answer the questions for the child. If the parent/adult is unable to answer it at the moment, she/he may tell the child she/he doesn't know but will look up the answer later. Responses such as "I'm busy, go away" or "Don't bother me now" do not receive credit.

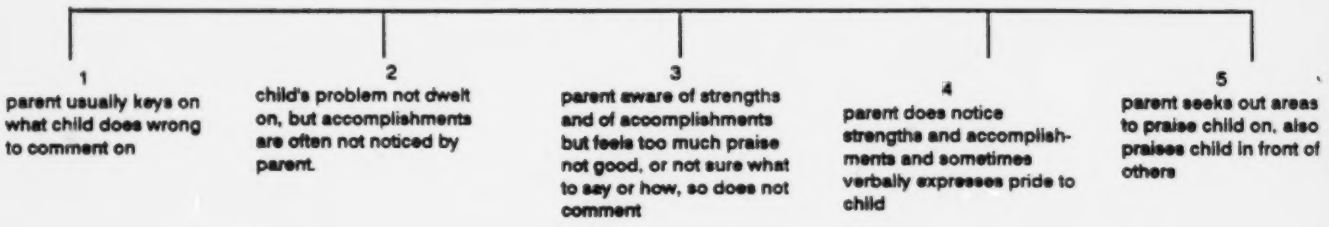

1
parent makes no effort to respond to questions initiated by child, or says 'I'm busy', 'Go away', etc.
2
child not discouraged from asking questions, but answer is very brief and or message conveyed is 'I don't have much time now.'
3
parent will usually give an answer but it is limited or child is put off for some time
4
parent most always responds to child's questions right away or keeps promise on a response (ex: if on phone)
5
parent not only responds right away, but encourages child to come anytime with questions

4

INTERVIEW PROMPTS: *Does _____ come up to you often with questions? Is it often at bad times? How do you handle that? How do you think parents should react to these questions kids often ask? (Note: the real point of this item is the responsiveness and accessibility of parent. The interviewer primarily should try to determine whether an approach by the child is denied - accepted - encouraged.)*

PARENT PRAISES CHILD

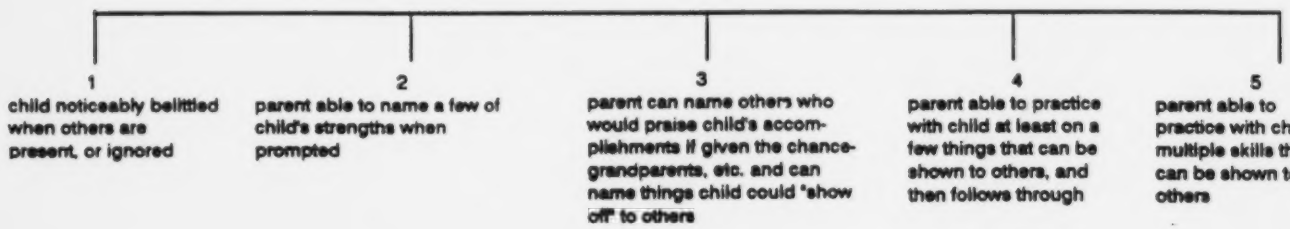
5. Parent/Adult spontaneously praises child's qualities or behavior twice during visit. The keyword here "spontaneous," but since most adults enjoy talking about and are proud of their children, this is not too hard to observe. Frequently, an adult will brag about things their child does.


1
parent usually keys on what child does wrong to comment on
2
child's problem not dwelt on, but accomplishments are often not noticed by parent
3
parent aware of strengths and of accomplishments but feels too much praise not good, or not sure what to say or how, so does not comment
4
parent does notice strengths and accomplishments and sometimes verbally expresses pride to child
5
parent seeks out areas to praise child on, also praises child in front of others

INTERVIEW PROMPTS: *What are some things _____ does well? Do you ever tell your child you're proud of her/him? Could you give some examples? Do you think its a good idea to praise kids, or not?*

PARENT SHOWS CHILD'S ACCOMPLISHMENTS

6. Parent/Adult sets up situation that allows "show off" during visit. Does the Parent/Adult consciously get the child to sing a song, count, show how a toy works or anything that allows the child to do something to impress the visitor?

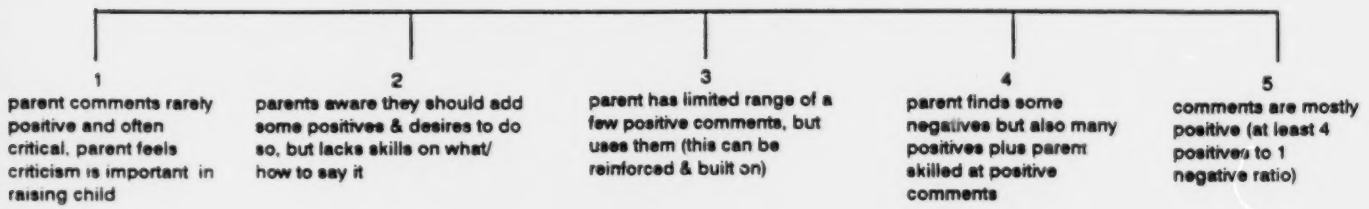

1
child noticeably belittled when others are present, or ignored
2
parent able to name a few of child's strengths when prompted
3
parent can name others who would praise child's accomplishments if given the chance-grandparents, etc. and can name things child could "show off" to others
4
parent able to practice with child at least on a few things that can be shown to others, and then follows through
5
parent able to practice with child on multiple skills that can be shown to others

5

INTERVIEW PROMPTS: *What are some things _____ seems to do well? Who would appreciate _____'s talents if he/she could show them? Could you think of any areas you could practice with him/her to show off?*

POSITIVE COMMENTS

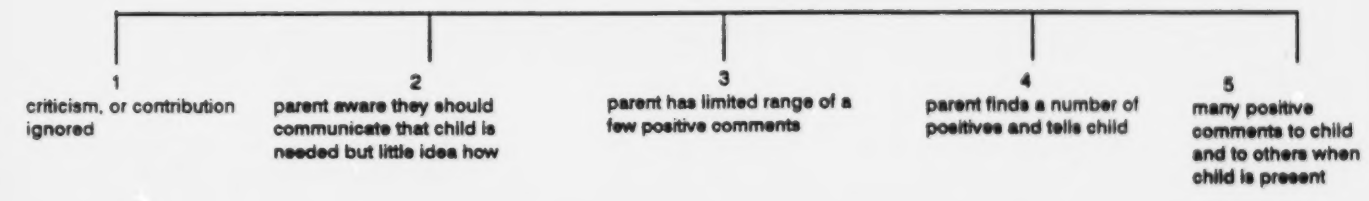
7. Parent verbal interactions with child are mostly positive. (Rucker, 1990) Quality as well as quantity is important here.


1
parent comments rarely positive and often critical, parent feels criticism is important in raising child
2
parents aware they should add some positives & desires to do so, but lacks skills on what/how to say it
3
parent has limited range of a few positive comments, but uses them (this can be reinforced & built on)
4
parent finds some negatives but also many positives plus parent skilled at positive comments
5
comments are mostly positive (at least 4 positives to 1 negative ratio)

INTERVIEW PROMPTS: *Does _____ seem to like positive comments? Does your child get many of them? Can you give me some examples of what you do (or would like to say?)*

CHILD IS VALUED

8. Parent/Adult is able to identify child's strengths or give positive comments to child or praise child in front of others, (any or all) specifically on how child contributes to the family it. This is an extension of strengths, positive comments, etc. to deliberately point out to the child that the child is needed in and valued by the family (Ex: "We sure appreciate Billy's help in picking up the room.")


1
criticism, or contribution ignored
2
parent aware they should communicate that child is needed but little idea how
3
parent has limited range of a few positive comments
4
parent finds a number of positives and tells child
5
many positive comments to child and to others when child is present

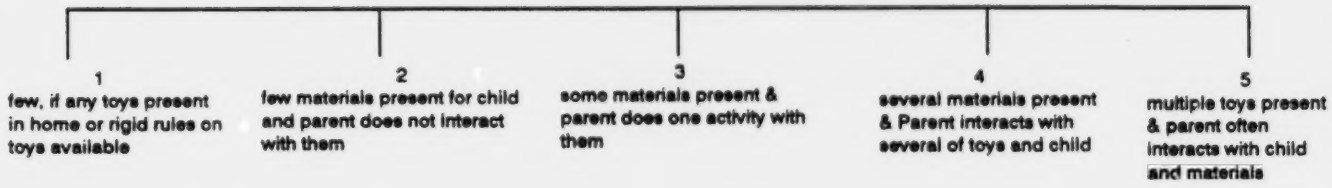
INTERVIEW PROMPTS: *Try to tell me some ways in which_____ helps the whole family. Do you ever tell your child you appreciate it. How do/would you do this?*

CDC PRIORITY (#2)

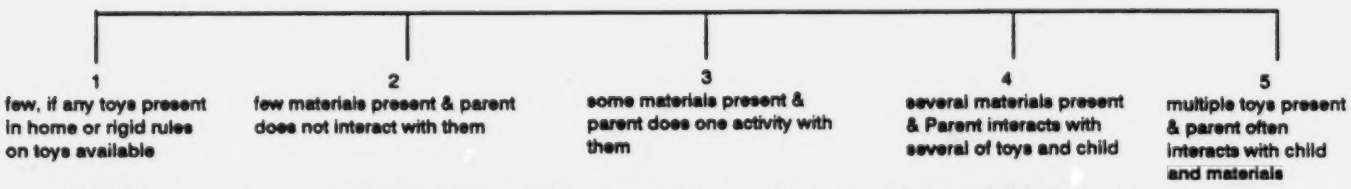
STIMULATION THROUGH TOYS, GAMES, AND READING MATERIALS

The first seven items should be present in the home, in usable condition (cannot be broken or have parts missing), and the child must be allowed to play with them when he or she wants to. They cannot be kept in storage, or on the top shelf in a closet where the child does not have access to them.) Rate these individually on the scale below.

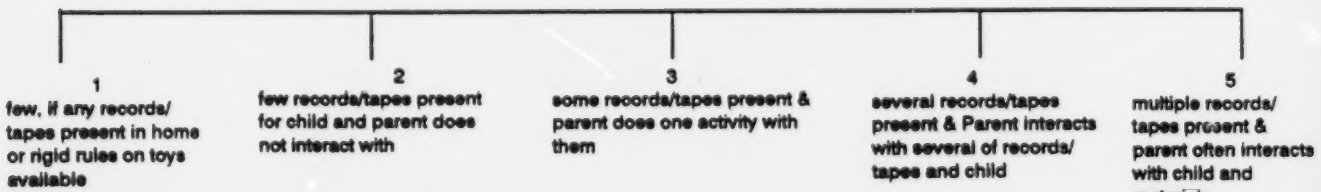
TOYS 1. Toys to learn color and sizes and shapes. This does not have to refer to one toy that teaches all these things. However, if the parent has bought a single toy that teaches all these things, credit should be given. Examples of individual toys that merit credit on this item are shape sorting cubes, pressouts, and pegboards.


1
few, if any toys present in home or rigid rules on toys available
2
few materials present for child and parent does not interact with them
3
some materials present & parent does one activity with them
4
several materials present & Parent interacts with several of toys and child
5
multiple toys present & parent often interacts with child and materials

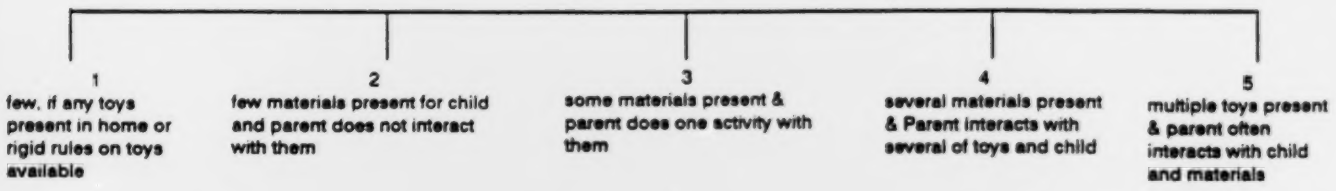
PUZZLES 2. Three or more puzzles. This item is more or less self explanatory. However, the puzzles must be appropriate to the child's age, and all of the pieces must be present. Many times a parent/adult will say, "Oh yes, my child has lots of puzzles, but I don't know where the pieces are." Thus it is a good idea to inquire about all puzzle parts.


1
few, if any toys present in home or rigid rules on toys available
2
few materials present & parent does not interact with them
3
some materials present & parent does one activity with them
4
several materials present & Parent interacts with several of toys and child
5
multiple toys present & parent often interacts with child and materials

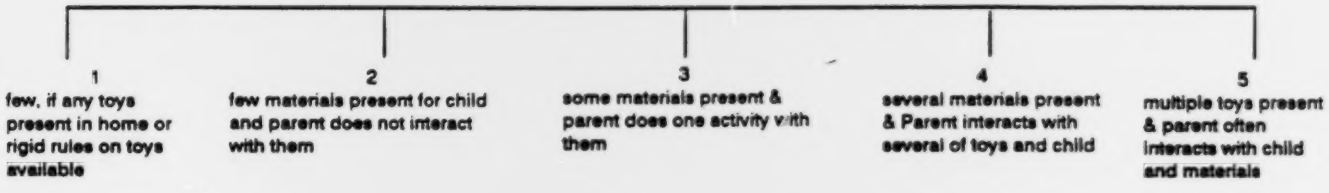
RECORDS 3. Record/tape player and at least five children's records or tapes. The record/tape player may be that of the parents as long as the child has personal records/tapes and is permitted to listen to them.


1
few, if any records/ tapes present in home or rigid rules on toys available
2
few records/tapes present for child and parent does not interact with
3
some records/tapes present & parent does one activity with them
4
several records/tapes present & Parent interacts with several of records/ tapes and child
5
multiple records/ tapes present & parent often interacts with child and materials

TOYS 4. Toys or games permitting free expression. Examples of toys allowing free expression would be clay, finger paints, play dough, crayons and paint and paper.


1
few, if any toys present in home or rigid rules on toys available
2
few materials present for child and parent does not interact with them
3
some materials present & parent does one activity with them
4
several materials present & Parent interacts with several of toys and child
5
multiple toys present & parent often interacts with child and materials

TOYS/GAMES 5. Toys or games necessitating refined movements. Examples: Paint by number (very simple level), dot book,coloring books, crayons, scissors and paper, paper dolls and stringing beads.


1
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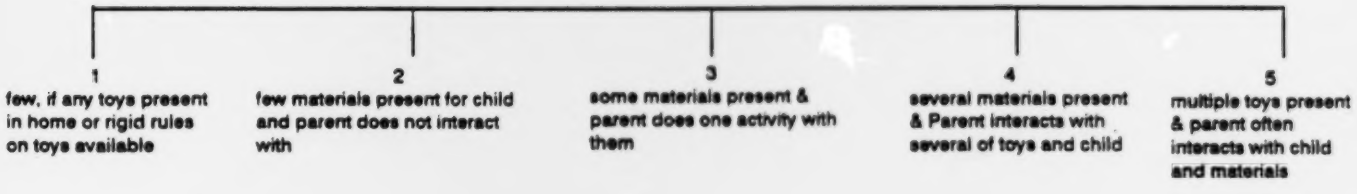
2
few materials present for child and parent does not interact with them
3
some materials present & parent does one activity with them
4
several materials present & Parent interacts with several of toys and child
5
multiple toys present & parent often interacts with child and materials

TOYS 6. Toys or games facilitating learning numbers. This could include puzzles with numbers, blocks, books, games and playing cards.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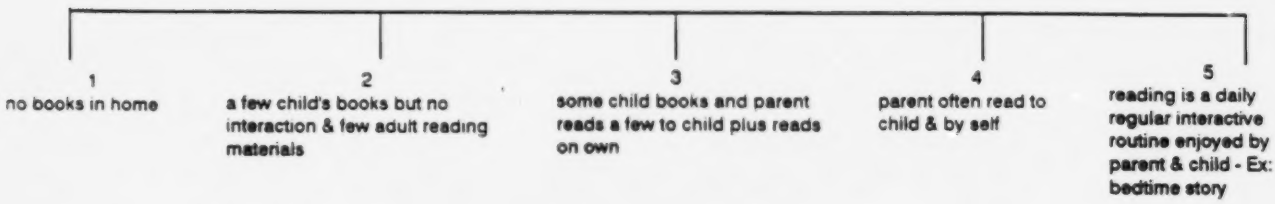
2
few materials present for child and parent does not interact with
3
some materials present & parent does one activity with them
4
several materials present & Parent interacts with several of toys and child
5
multiple toys present & parent often interacts with child and materials

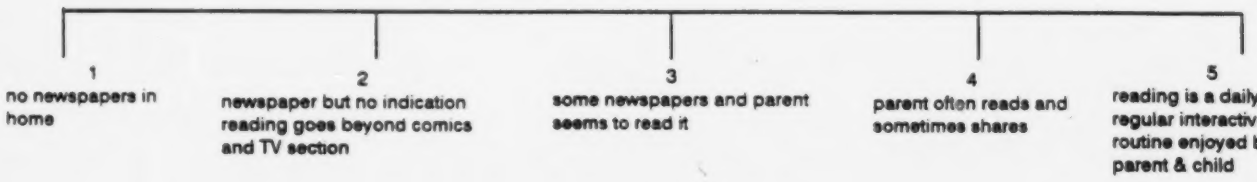
INTERVIEW PROMPTS: *What toys do you have for _____ at home: Which does _____ like best? Which do you like to do with your child? This 'prompt' or similar questions can be used for any of the first six questions.*

BOOKS ARE VALUED

7. <u>At least ten books are present and visible in the home</u>. The word "visible" was added to this item to make an observation rather than an interview item, if possible. However, being able to observe without going through the entire home is usually difficult. In such instances do not hesitate to ask about the reading habits of the family. A simple question like, "Do you enjoy reading when you have some free time?" and "When you read books do you use the library or is it easier to buy books?" The intent of this is to find out something about whether the child is growing up in a family that reads and values having books around. There might be a set of encyclopedias on the shelf which appears to be unopened. Nonetheless, presence of the books would indicate that the family values them.


1
no books in home
2
a few child's books but no interaction & few adult reading materials
3
some child books and parent reads a few to child plus reads on own
4
parent often read to child & by self
5
reading is a daily regular interactive routine enjoyed by parent & child - Ex: bedtime story

8. Family buys a newspaper daily and reads it. This is also designed to get a the reading habits of the family. The newspaper does not have to be read in its entirety, but the news should be sampled fairly completely (more than comics and TV section). It is acceptable if only one parent reads the paper.


1
no newspapers in home
2
newspaper but no indication reading goes beyond comics and TV section
3
some newspapers and parent seems to read it
4
parent often reads and sometimes shares
5
reading is a daily regular interactive routine enjoyed by parent & child

MAGAZINES 9. Family reads at least one magazine. When discussing books it is usually easy to ask if the parent ever finds time to read magazines. Any magazines the family might subscribe to are acceptable.

1	2	3	4	5
no magazines in home	few child's magazines but no interaction & few adult reading materials	some child magazines and parent reads a few to child plus reads on own	parent often read to child & by self	reading is a daily regular interactive routine enjoyed by parent & child

INTERVIEW PROMPTS: *(The purpose of the following probes is that literacy is encouraged by modeling and interest in reading and by providing materials.) Does _____ have any books? Do you read to _____? When? Do you read often yourself?*

SHAPES 10. Child is encouraged to learn shapes. A Parent/Adult might mention that "A ball is round," or, "That block is square" when playing with the child. Parent/Adult might take the time to draw different shapes for the child.

1	2	3	4	5
shapes rarely or never discussed	a few shapes available but not discussed	shapes, toys available and discussed with child	parent interacts on shapes, activities with child	parent points out shapes in environment (ex: doughnut is round, dollar is rectangle, etc.

INTERVIEW PROMPTS: *Do you ever talk about □○△, etc. with _____? Do you leave any toys (ex: a "shape sorter") at home that your child can learn these on? Can you think of everyday situations where you do/could point out shapes to _____?*

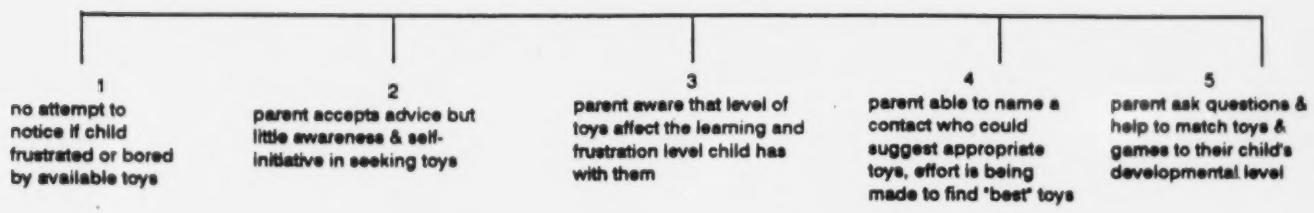
TV 11. TV is regulated (Rucker, 90)

1	2	3	4	5
TV seems to blare much of day - no regulation, no supervisionn	TV often/usually on but parent encourages child to do non-TV activities	parent allows only so much TV viewing per day & encourages other activities	some effort for TV viewing to be limited and selective	most of child's viewing is appropriate (Sesame Street, Nickelodean, etc.) plus parent deliberately turns off TV when having interactive play or games with child: ; TV time limited in order to spend time with child

INTERVIEW PROMPTS: *What kinds of TV shows does _____ like? Can your child watch as much or any type program? Is TV off when you play with your child?*

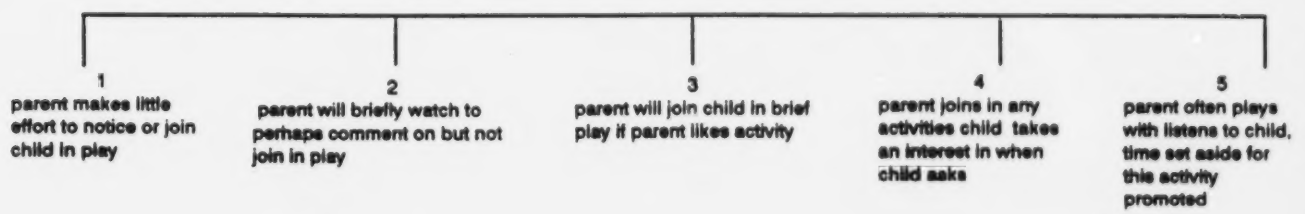
TOYS

12. Toys are developmentally appropriate (Rucker, 90) The key here is that toys are selected to be at levels the children are learning. Examples: it is probably not appropriate to do a 100 piece puzzle with a 3 year old, nor to expect a 4 year-old to enjoy rattles or jack-in-the-box for very long. It is expected that many parents may need help and suggestions choosing developmentally appropriate toys. One key is parent awareness of when a toy or activity may be frustrating or, conversely, too simple.


1
no attempt to notice if child frustrated or bored by available toys
2
parent accepts advice but little awareness & self-initiative in seeking toys
3
parent aware that level of toys affect the learning and frustration level child has with them
4
parent able to name a contact who could suggest appropriate toys, effort is being made to find 'best' toys
5
parent ask questions & help to match toys & games to their child's developmental level

INTERVIEW PROMPTS: *How do you tell whether toys you have are too hard or too easy for _____? Does it make a difference? Who could you ask for ideas or help picking out toys? (Rucker, 90)*

13. Parent takes active interest in child's experiences by watching, sharing with and listening to child. (Rucker, 90)


1
parent makes little effort to notice or join child in play
2
parent will briefly watch to perhaps comment on but not join in play
3
parent will join child in brief play if parent likes activity
4
parent joins in any activities child takes an interest in when child asks
5
parent often plays with listens to child, time set aside for this activity promoted

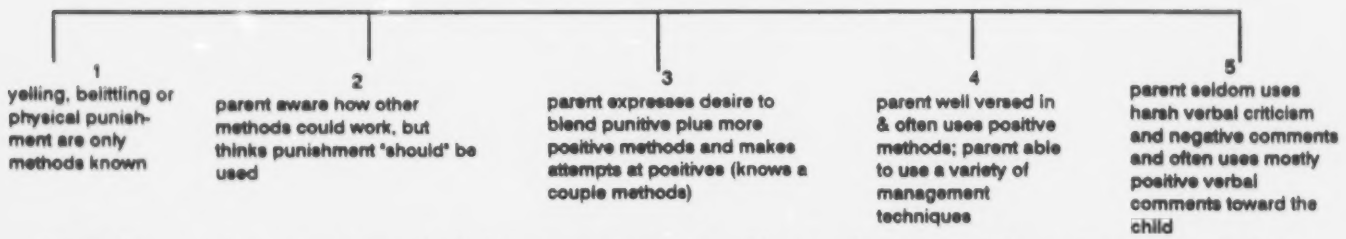
INTERVIEW PROMPTS: *Do you like to play any games/toys with _____? Do you wait for _____ to ask? Is there a regular time set aside?*

CDC PRIORITY #3

VERBAL/PHYSICAL PUNISHMENT

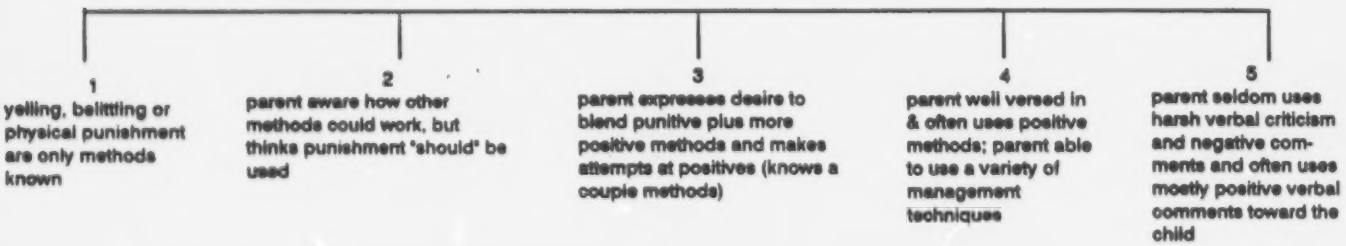
DECREASE NEGATIVE

1. Parent/Adult does not frequently yell at, harshly scold or derogate the child. Examples would be such comments directly made to child or easily overheard by child. (Observation should be consistent with parent's report.)


1
yelling, belittling or physical punishment are only methods known
2
parent aware how other methods could work, but thinks punishment "should" be used
3
parent expresses desire to blend punitive plus more positive methods and makes attempts at positives (knows a couple methods)
4
parent well versed in & often uses positive methods; parent able to use a variety of management techniques
5
parent seldom uses harsh verbal criticism and negative comments and often uses mostly positive verbal comments toward the child

REDUCE PHYSICAL PUNISHMENT

2. Parent/Adult does not strike, pinch, grab, slap or shake the child. These terms describe adult actions done in anger or as a reprimand for some wrongdoing.

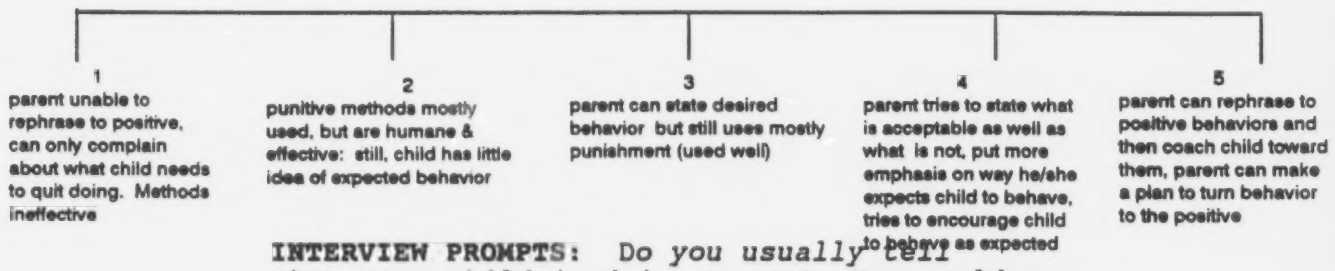

1
yelling, belittling or physical punishment are only methods known
2
parent aware how other methods could work, but thinks punishment "should" be used
3
parent expresses desire to blend punitive plus more positive methods and makes attempts at positives (knows a couple methods)
4
parent well versed in & often uses positive methods; parent able to use a variety of management techniques
5
parent seldom uses harsh verbal criticism and negative comments and often uses mostly positive verbal comments toward the child

**NOTE: By rating #3, parent should be using no more than one instance of physical punishment weekly and no more than a couple harsh verbal criticisms per day. By #5 rating, there should be little if any physical punishment and seldom any harsh verbal criticism.*

INTERVIEW PROMPTS: *How do you usually manage _____? What all techniques do you know of? Which are best to use? Why?*

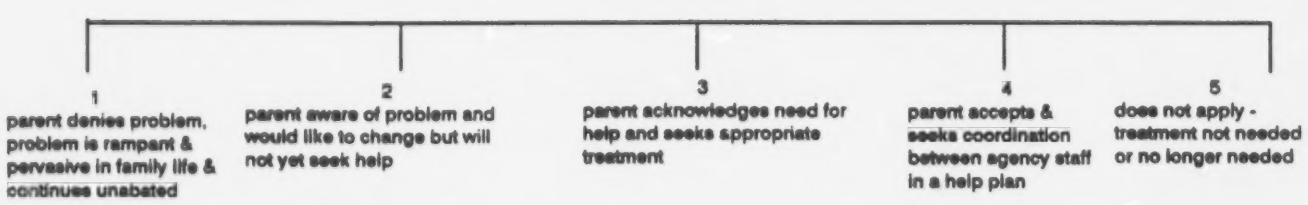
COMMUNICATES POSITIVE BEHAVIOR

3. Parent clearly communicates the desired positive behavior, and then reinforces it. (Rucker, 90) The key issue here is that the parent/adult can re-formulate what might be criticized into a pro-social statement. Ex: Rather than saying "I want Melissa to quit grabbing food when we eat," parent learns how to state a desired positive behavior goal: "I want Melissa to learn to ask for what she wants and to say "please" at the supper table."


1
parent unable to rephrase to positive, can only complain about what child needs to quit doing. Methods ineffective
2
punitive methods mostly used, but are humane & effective: still, child has little idea of expected behavior
3
parent can state desired behavior but still uses mostly punishment (used well)
4
parent tries to state what is acceptable as well as what is not, put more emphasis on way he/she expects child to behave, tries to encourage child to behave as expected
5
parent can rephrase to positive behaviors and then coach child toward them, parent can make a plan to turn behavior to the positive

INTERVIEW PROMPTS: *Do you usually tell what your child is doing wrong? How could you tell your child what you expect? Should "just know this" or do you think he/she should be coached toward it?*

4. Parent needs are being met by family/friends/agencies. Applies to parents being treated for or need some form of help for a problem which likely affects their discipline, measures (ex: depression, alcoholism, abusive background, etc.


1
parent denies problem, problem is rampant & pervasive in family life & continues unabated
2
parent aware of problem and would like to change but will not yet seek help
3
parent acknowledges need for help and seeks appropriate treatment
4
parent accepts & seeks coordination between agency staff in a help plan
5
does not apply - treatment not needed or no longer needed

INTERVIEW PROMPTS: *Do you have problems that affect how angry you get with _____ or affect your ability to manage your child? Have you/should you seek help? Could we work together with the agency that is helping you?*

*The original items have been adapted to CDC use from Home Observation For Measurement of the Environment, Dr. Betty Caldwell, University of Arkansas, 1978, adapted with permission, December 1990

Support Functions Scale

(Short Form)

Carl J. Dunst & Carol M. Trivette

Name_____ Date_____

Listed below are 12 different types of assistance which people sometimes find helpful. This questionnaire asks you to indicate how much you need help in these areas.

Please *circle* the responses that best describe *your* needs. Please answer all the questions.

To what extent do you have or feel a need for any of the following types of help or assistance.	Never	Once in a while	Sometimes	Often	Quite Often
1. Someone to talk to about things that worry you.	1	2	3	4	5
2. Someone to help take care of your child	1	2	3	4	5
3. Someone to talk to when you have questions about raising your child	1	2	3	4	5
4. Someone who loans you money when you need it	1	2	3	4	5
5. Someone to encourage or keep you going when things seem hard	1	2	3	4	5
6. Someone who accepts your child regardless of how (s)he acts	1	2	3	4	5
7. Someone to help with household chores	1	2	3	4	5
8. Someone to relax or joke with	1	2	3	4	5
9. Someone to do things with your child	1	2	3	4	5
10. Someone to provide you or your child transportation.	1	2	3	4	5
11. Someone to hassle with agencies or individuals when you can't	1	2	3	4	5
12. Someone who tells you about services for your child or family.	1	2	3	4	5

Source: C. J. Dunst, C. M. Trivette, and A. G. Deal (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, MA Brookline Books, May be reproduced.

TOESD

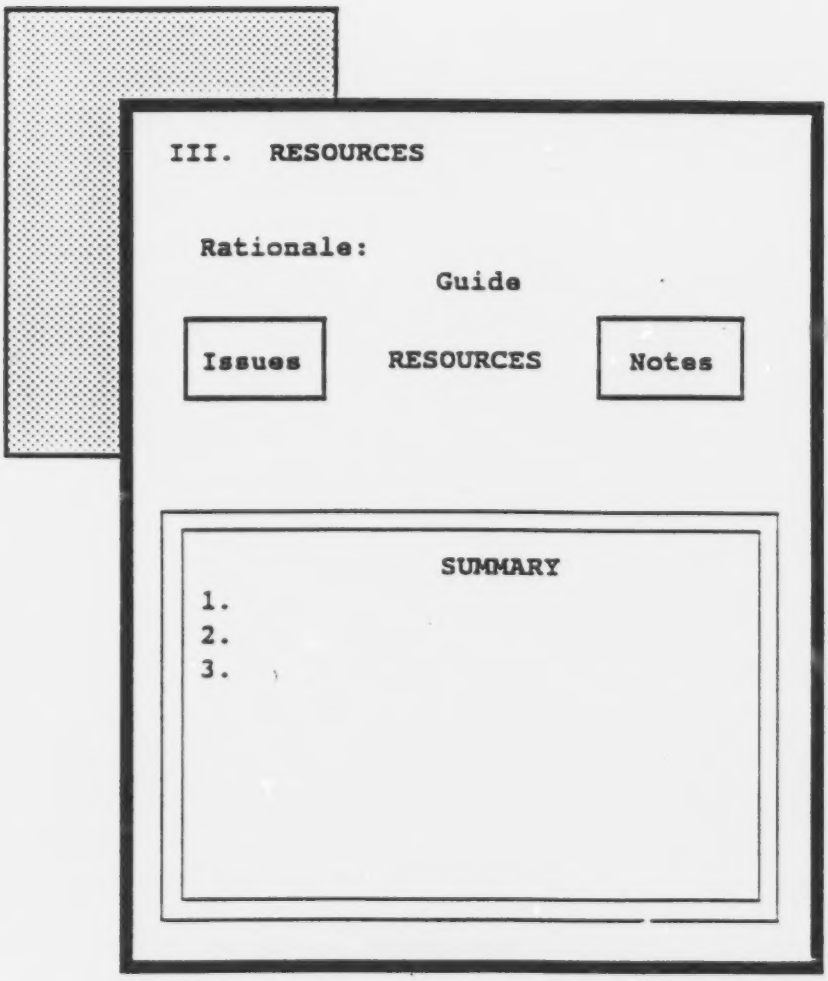
Test of Early Socioemotional Development

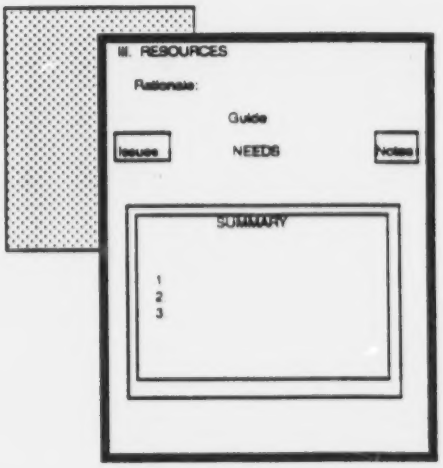
Wayne P. Hresko
Linda Brown

pro-ed
5341 Industrial Oaks Boulevard
Austin, Texas 78735

Multiple copies of TOESD can be found in the pocket of this manual or can be obtained from the Office for Children, Youth and Family, Upper Des Moines Opportunity, Graettinger,

III. RESOURCES





III. RESOURCES

RATIONALE: Resources as defined by the **FAMILY DEVELOPMENT PLANNING MODEL** are those services and support external to the family which help meet needs. Consistent with current literature on at-risk children, collaboration of community resources is essential to successful family intervention programs. Certainly educational programs cannot resolve needs for families without building partnerships with community services. In fact, the effectiveness of the **FAMILY DEVELOPMENT PLAN** will be due in part to deliberate strategies which match community resources to family needs.

Gathering information on community resources may not be a simple process. Some services are obvious choices and commonly-recognized resources for families at-risk (e.g. UDMO, DHS programs, etc.) However, services initiated by start-up grant monies (outreach education programs, extended care programs, tutoring projects) or traditional resources such as churches and sorority projects may not be as visible. Furthermore, changing eligibility requirements, personnel, and program funding make it difficult to identify all the services that hold potential for family development. In short, while educational research underscores the significance of collaborative efforts for children at-risk, too often too little is known about the variety of community and regional services available.

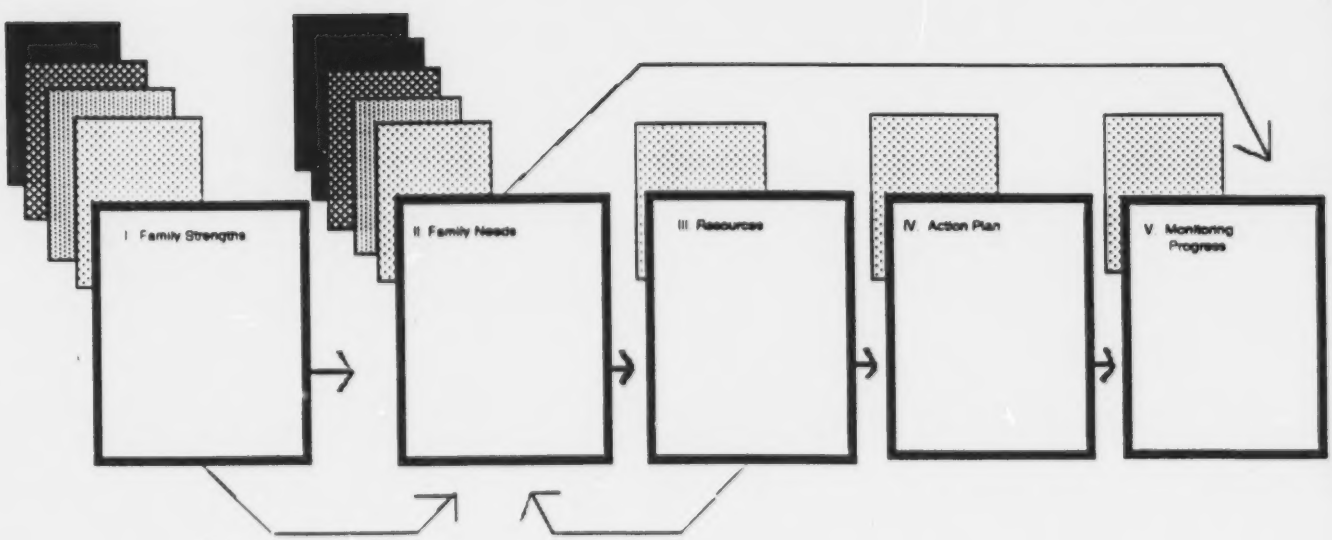
The **FAMILY DEVELOPMENT PLAN** suggests several documents that may assist you. The Youth Resources Directory for AEA 3 and Community is one directory currently available. This book organizes resources, programs, organizations under the type of service provided and includes a brief description of services, eligibility requirements, telephone numbers and contact person. A comprehensive description of area services will be available as of May, 1991, entitled: CORE Directory of Services Available for Special Needs Infants and Toddlers. This directory can be

purchased from AEA3 and is available at the UDMO office. AEA 3 Pre-School Services Brochure will assist, but identifies only AEA 3 services. Finally, the proceeding **RESOURCES ABSTRACT** provides an index of community resources, outlines the specific commitments these agencies/programs have made to CDC children and their families and may serve as your most valuable guide in resource identification process.

Unique to the **FAMILY DEVELOPMENT PLAN**, however, is the notion that **FAMILY STRENGTHS** are also "resources". Remember that building on "strengths" and matching those strengths to "needs" recognizes the family capacity to develop. Empowering families means that resources traditionally over-looked may exist with in the family itself.

Because both **FAMILY STRENGTHS** and community services are **RESOURCES**, both need to be integrated in your **ACTION PLAN**. It will be the appropriate match, the "fit" between "needs" and "resources" that will become the strategy for your **ACTION PLAN**.

CDC FAMILY DEVELOPMENT PLANNING MODEL



RESOURCES ABSTRACT

FOCUS QUESTION: What community resources may best serve your family's needs?

DIRECTIONS: Review the **Guide** below to possible services and resources. This listing is by no means complete but will provide a need-driven index for your consideration. Additionally, this listing reflects specific commitments community and regional resources have made to CDC children and their families through the annual CDC strategic planning process. For future assistance consult Youth Resources Directory for AEA 3 Schools and Communities. To assist you and CDC families in determining the degree to which community resources are helpful, refer to the Carolina Parent Support Scale in the Appendix following this component. After reviewing and evaluating services, identify those resources with the greatest potential for your **ACTION PLAN**. Remember, this is just a "working" summary of what you are considering at this time. As you design your **ACTION PLAN** you may identify other resources.

GUIDE

ISSUES	RESOURCES	NOTES
1. BASIC NECESSITIES	**Division of Community Services of Department of Human Services**	
SOCIAL SERVICES	-Family Center Services* -Protective Services* -Child/Family Abuse -Child Care Assistance for "Wrap Around" initiative	
	Division of Social Services	
ECONOMIC ASSISTANCE	-Economic Assistance* -Medical Services: Title XIX* -Food Stamps, ADC, Work Plan* -Provides social worker, follow-up for CDC children and their families*	

*Asterisk indicates specific commitments made to CDC children and their families by community services agencies.

ISSUES	RESOURCES	NOTES
1. BASIC NECESSITIES (Continued)	**Upper Des Moines Opportunity and Outreach Offices**	
COMPREHENSIVE SERVICES	-Child Health Services* -Maternal Health Services* -Food Pantry -Used Clothing -Home Repair -Weatherization -Heating Assistance -Budget Counseling -Food for Life -Special Needs Vouchers -Community Work Experience -Furniture	
	Lutheran Social Services of Iowa Family Preservation Project/Family Reunification	
2. CHILD CARE	**Department of Human Services**	
	Spencer Family Y	
	-Extended Care for school-age children	
	Time-Out Nursery, Reach-Out	
3. EDUCATION SERVICES	**Iowa Lakes Community College**	
	-Provides adult education programs, GED completion job training programs Parent education programs for CDC parents* -Learning centers for ABE, High School Diploma classes*	
4. HEALTH RESOURCES	**Child Health Specialty Clinics** -Consulting, screening, assessment of handicapped* -Coordinate medical needs and educational plan for handicapped enrolled in CDC* -Coordinate services between local physicians and tertiary care centers for special needs enrollees*	
	Community Health Services (Spencer Municipal Hospital) -Enroll eligible CDC mothers in prenatal program* -Provide immunizations* -Well-child care clinic -Out-patient medical care	

ISSUES	RESOURCES	NOTES
HEALTH RESOURCES (Continued)	-Public health services -Identifies child care respite services ("Time out", "Reach Out") -Car seat loan program	
	MCH, WIC **(Upper Des Moines Opportunity)** -Enroll eligible CDC families in appropriate programs* -Provide all physicals* -Make necessary referral to appropriate agencies regarding health and nutritional needs* -Provide financial assistance on dental needs* -Provide consultation on nutrition, meal planning and financial assistance to CDC eligible families*	
MENTAL HEALTH	**Northwest Mental Health Center** -Referral center for individual and family counseling* -Provides assistance on identification of family needs* -Outpatient services: (alcohol, substance abuse, sex abuse, women's issues, eating disorders) -Consultation and evaluation services -Community Support Services (prevention of out of home placement, reunification of Family, parent education on child developmental issues)	
SUBSTANCE ABUSE	**Northwest Iowa Alcohol and Drug Unit** -Treatment Center -Prevention Services	
5. EDUCATION RESOURCES	**Iowa State Extension Service (Clay County)** -Provides parent education materials, pamphlets, brochures, video tapes on parenting skills, nutrition, health and child care issues* -Provides special classes as proposed by CDC* -Consults with CDC parents upon request* **Lakeland AEA** **(Special Education Services)** -Screens, evaluations and provides treatment for speech, hearing,	

ISSUES	RESOURCES	NOTES
EDUCATIONAL RESOURCE (Continued)	behavior, physical and psychological skills as needed* -Provides available materials, parent education tapes, and a whole range of AEA 3 pre-school services to CDC children and their families* -Assist in the identification of learning objectives -Professional observation of social skills and behavior* **Spencer Community Schools** -Provides 20% of certified elementary guidance counselor to the CDC who may provide additional screening information, counseling to CDC families, CDC children and their siblings, and may assist in the **CDC FAMILY DEVELOPMENT PLANNING** process*	

SUMMARY

1. _____

_____

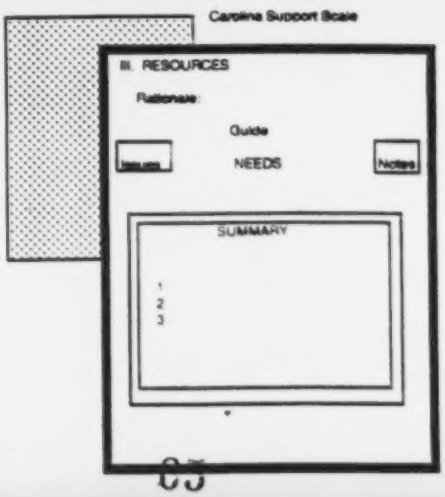
2. _____

_____

3. _____

_____

OPTIONAL: Having trouble evaluating the degree to which services may be helpful to CDC families? Use the Carolina Parent Support Scale which appears in the Appendix of this section.



RESOURCES

APPENDIX C

* Carolina Parent Support Scale = C

CAROLINA PARENT SUPPORT SCALE-C

Below is a list of people or services which may or may not be helpful to you. In this rating think only of how helpful each of them is in making your job as the parent of a child with special needs easier. They may help you in any way. For example, they may help take care of your child. They may give you useful information or services. They may just give you understanding and support.

FOR EACH ITEM, PLEASE CIRCLE THE ANSWER THAT SHOWS HOW HELPFUL THAT PERSON OR SERVICE IS TO YOU. THE MORE HELPFUL THEY ARE, THE HIGHER THE NUMBER YOU SHOULD CIRCLE. IF THEY ARE NOT AVAILABLE FOR YOU NOW, CIRCLE NA. IF THEY ARE AVAILABLE IN YOUR AREA, BUT YOU HAVE NO CONTACT WITH THEM, CIRCLE NC.

There are no right or wrong answers. Please mark how helpful they really are to you, not how helpful you think they should be.

NA = Not Available
NC = Available, but No Contact with them

	NA	NC	NOT AT ALL HELPFUL	SOMEWHAT HELPFUL	MODERATELY HELPFUL	QUITE HELPFUL	EXTREMELY HELPFUL
1. Husband (or wife)	NA	NC	0	1	2	3	4
2. My relatives	NA	NC	0	1	2	3	4
3. My husband's (or wife's) relatives	NA	NC	0	1	2	3	4
4. My own children	NA	NC	0	1	2	3	4
5. Friends	NA	NC	0	1	2	3	4
6. Other parents of children with special needs (informal)	NA	NC	0	1	2	3	4
7. Neighbors	NA	NC	0	1	2	3	4
8. Parent group for parents of special children	NA	NC	0	1	2	3	4
9. Babysitter	NA	NC	0	1	2	3	4
10. Medical doctor	NA	NC	0	1	2	3	4
11. Church or synagogue	NA	NC	0	1	2	3	4
12. (Name of Program) parent services	NA	NC	0	1	2	3	4
13. Other parent training or counseling	NA	NC	0	1	2	3	4
14. (Name of Program) educational program for child	NA	NC	0	1	2	3	4
15. Other special education program	NA	NC	0	1	2	3	4
16. Mental Health Center	NA	NC	0	1	2	3	4
17. Child Development Center	NA	NC	0	1	2	3	4
18. Social Services	NA	NC	0	1	2	3	4
19. Day Care Program	NA	NC	0	1	2	3	4
20. Respite Care Program	NA	NC	0	1	2	3	4

(21-40)

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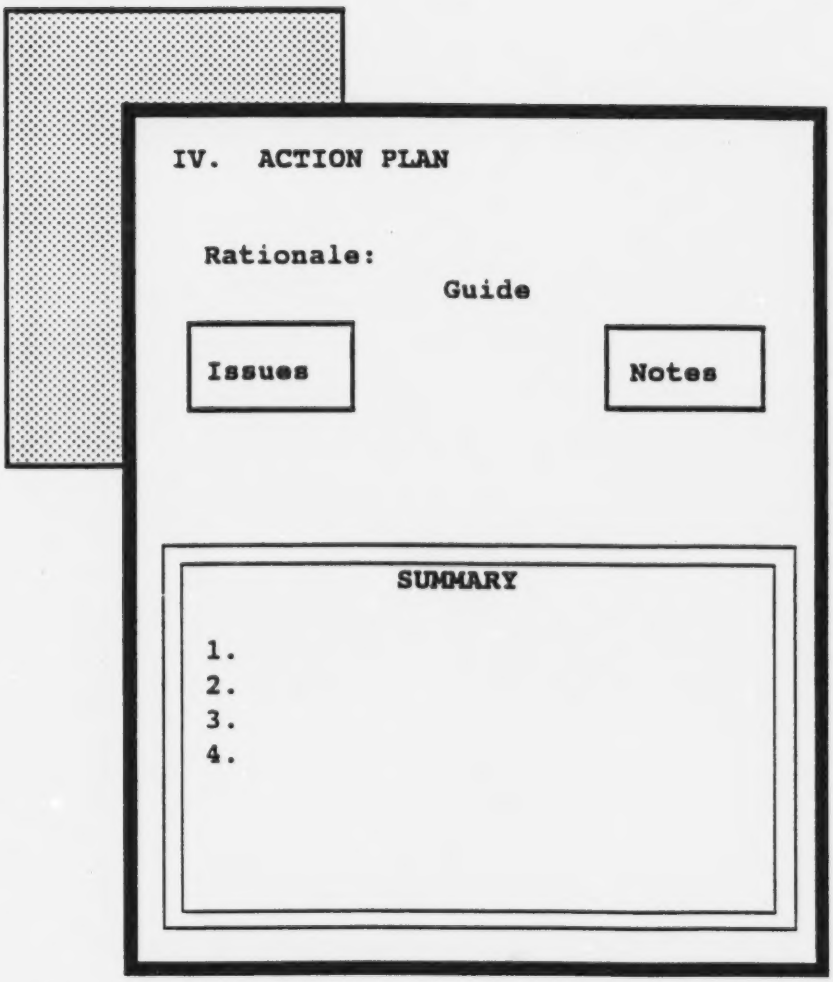
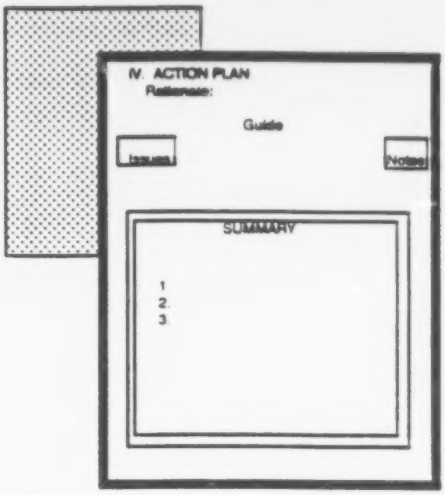
Adapted, with permission, from Bronfenbrenner, Avgar, & Henderson, 1977

IV. ACTION PLAN



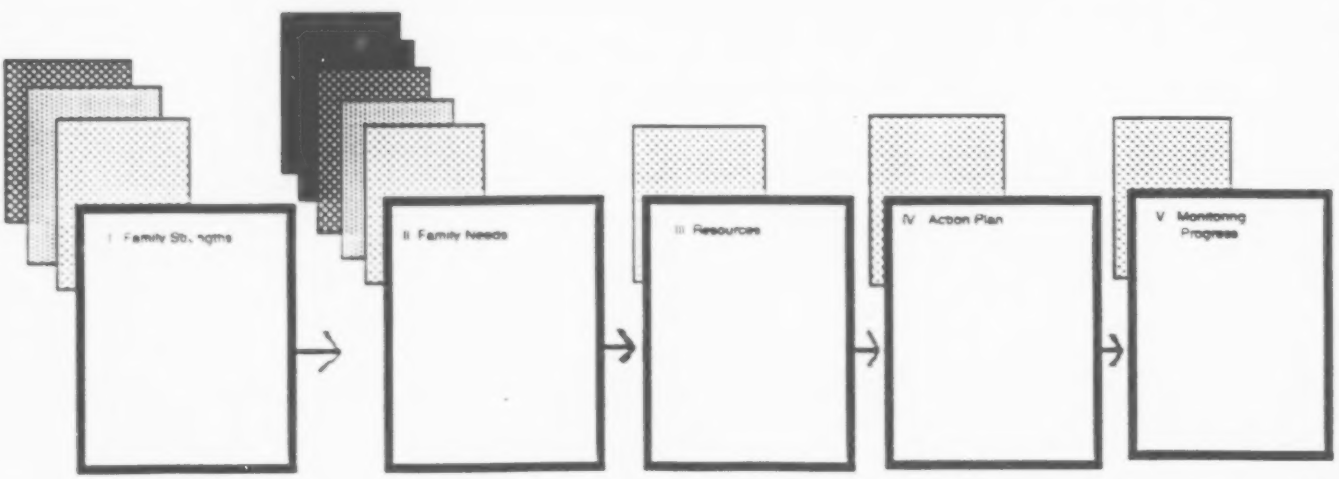


IV. ACTION PLAN

RATIONALE: Up to this point, you have been a researcher, an information gatherer and facilitator! Now it is time to become a strategic planner! With your research complete and data collected, it's time to **ACT**. Information, surveys, assessments, interviews will have little value unless staff and CDC families make decisions using them. The **ACTION PLAN** component allows families and CDC staff to engage in a problem-solving process and make decisions that will increase the probability success for CDC children and their families.

The first three components of the **Family Development Plan** have provided a framework from which to collect and synthesize information about CDC families. It is now time to interpret that information and design a Plan of Action. The proceeding Abstract provides a simple **step by step** process to guide CDC families and staff through the **Action Plan** process.

CDC FAMILY DEVELOPMENT PLANNING MODEL



ACTION PLAN ABSTRACT

DIRECTIONS: Complete the **ACTION PLAN** working summary for each CDC Family. This summary includes identifying at least 3 goals with each CDC Family. Furthermore, staff should describe the strategies, persons or institutions responsible as well as projected timelines. The following criteria are strongly recommended as you identify family goals and design strategies and timelines to achieve them.

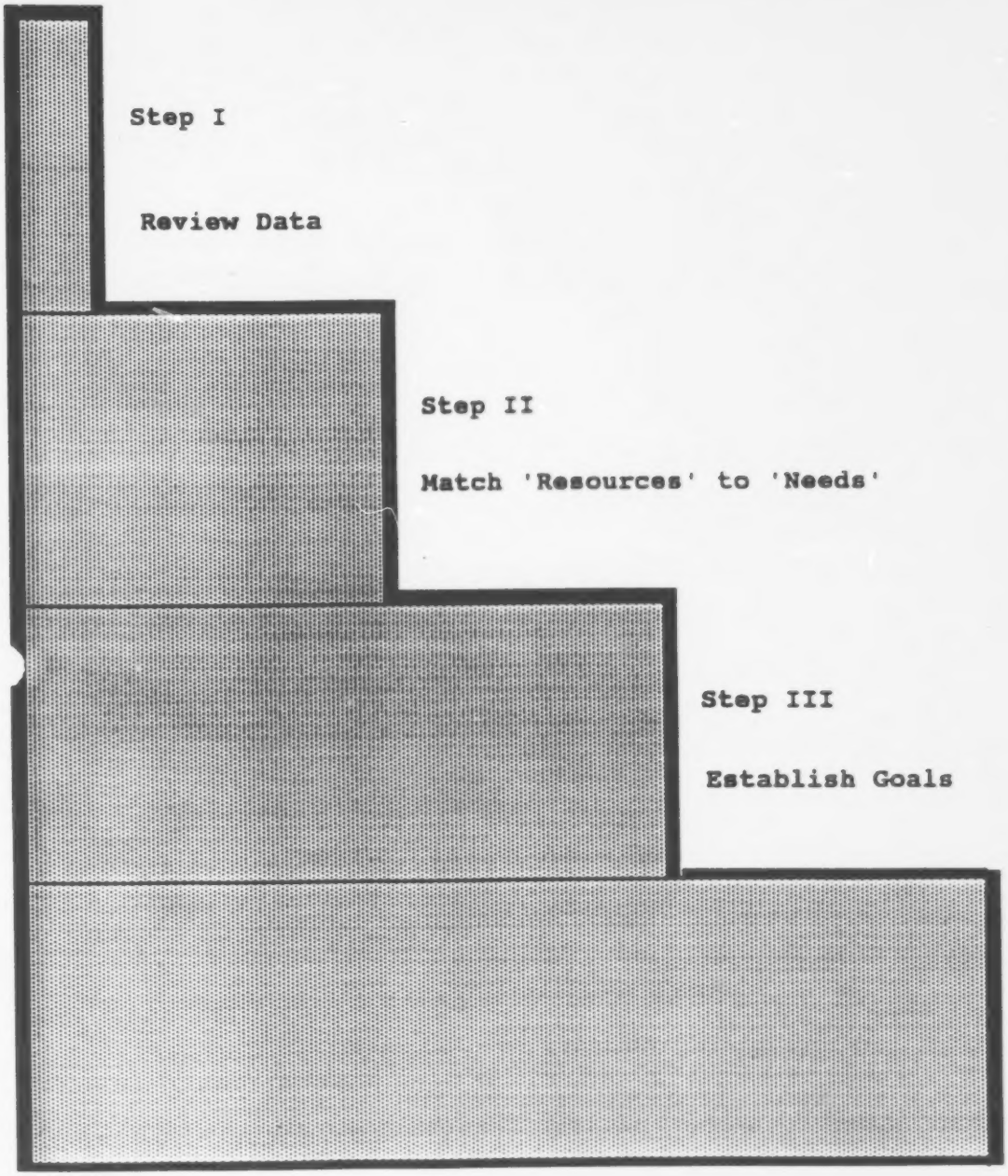
CRITERIA FOR GOAL SETTING 1. At least one goal must target child developmental stimulation. The **CDC HOME Stimulation Assessment** should provide staff and families with plenty of information in order to identify at least one goal. For further explanation of this recommendation, refer back to the discussion on child developmental stimulation beginning on page 13 of this manual.

FAMILY EMPOWERMENT 2. Include families or a member of the family in this planning process. Central to the **FAMILY DEVELOPMENT PLAN** is the notion of family empowerment. This not only means identifying family strengths in the initial data gathering process but recognizing that one of the strengths of all families is the desire for their children to succeed. CDC staff may have CDC families complete the **ACTION PLAN** summary on their own. For others, however, literacy and writing skills will be a barrier. Consequently, more often staff will write the plan as a consequence of a variety of pre-planning activities including a planning discussion with the family and a consensus of the three goals and their corresponding strategies. Remember, the **FAMILY DEVELOPMENT PLAN** is not designed to or for families. It's developed with them. The best results will be achieved when each family owns their **FAMILY DEVELOPMENT PLAN.**

YOU CAN'T DO IT ALL 3. Strategic planning means you can't "do it all". You and CDC families will have to choose what goals are best to target at this time. In other words, given the information you have gathered, how can you match strategies and local resources to family needs with the greatest probability of success. "Success" or the degree of "success" could become an important criteria in identifying family goals. The bottom line is - do not try to do too much. Be specific, target goals that are important and hold some potential for success.

REMEMBER BASIC NEEDS 4. Be cognizant of 'basic need' issues. There may be a number of potential areas you and your family want to address, but basic needs are primary. (Children can not learn or develop if they are hungry, cold, tired, abused, etc.) Do not overlook basic need issues as your design goals.

STEPS TO DESIGNING ACTION PLANS



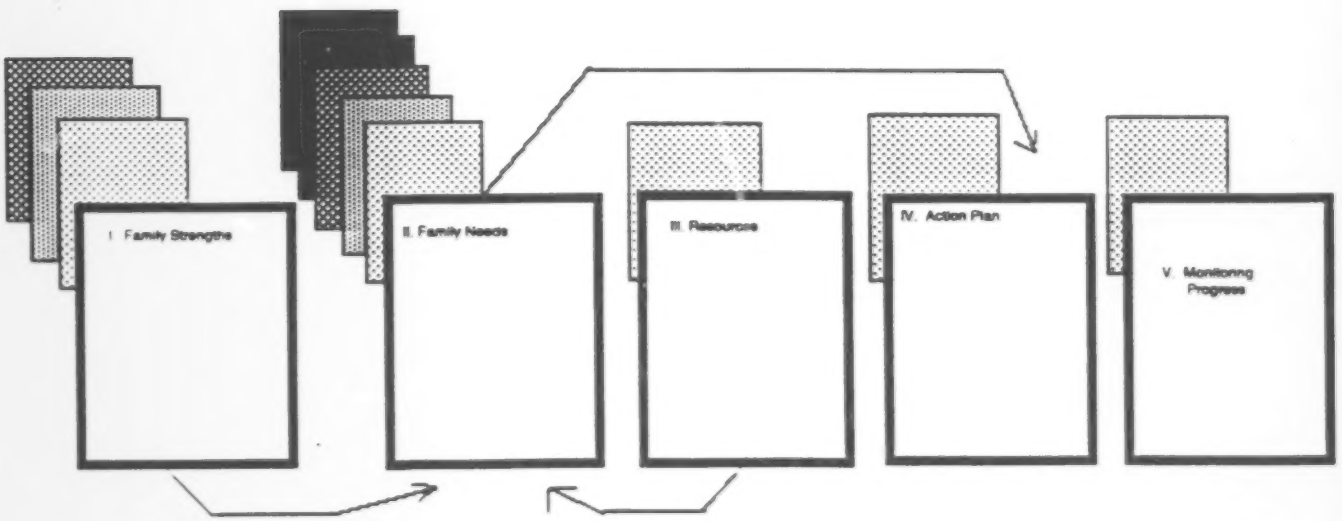
HOW TO DESIGN YOUR ACTION PLAN

FOCUS QUESTION: **What things would your Family like to change or achieve this year?**

DIRECTIONS: The following is a **step by step** process that will guide staff and families in the development of a **ACTION PLAN.** Left-hand margins may be used to make note of any issues that you and your CDC Family may want to recall as you review the information staff has gathered. The right-hand margin is reserved for staff comments:

ISSUES		NOTES
REVIEW DATA	**STEP I** Review the summary sheets for **Family Strengths**, **Needs** and **Community Resources**. This review process could be done individually by the CDC instructor with the family and/or with other members of the CDC staff.	
MATCH RESOURCES TO NEEDS	**STEP II** Match "**Family Strengths**" and Community **Resources** to "needs". In other words, what of family strengths and of community resources can be empowered to resolve "needs".	

CDC FAMILY DEVELOPMENT PLANNING MODEL



ISSUES

NOTES

BEST 'FIT'

This matching process is extremely important. It may be that no community resource exists to resolve a family needs. Furthermore, internal family characteristics may be contributing to the "Need". In fact, based on your synthesis of family strengths, community resources, it may appear that there is little probability to successfully resolve a need even though it has been identified in the **NEED ABSTRACT SUMMARY**.

In this case the identified need should not be included in The **Action Plan.**

What will be important to the success of family development is the degree of which staff and families design the best "fit" between "needs" and "resources". Remember that "Family Strengths" serve as valuable "resources" in this matching process and represent the "capacity" of each family to develop.

Staff will want to include family members, other early childhood professionals or representatives of community resource service providers in this matching process.

Before you design your goals, "pull up" your summary sheets and decide which of your strengths, needs and resources relate and are relevant to producing goals.

EXAMPLE

Strengths

1. Family values education/learning.
2. Mom would like to help child learn.
3. Family is proud of members when they are successful.

Needs

1. Johnsons do not read themselves nor do they read to their children. Obstacles
   - no books at home
   - no modeling
2. **Father is a substance abuser**
3. **Adult family members need guidance on nutrition.**

Resources

1. Spencer Public Library
2. Aunt Margie (currently volunteers at local elementary school)
3. NWDATU

Goal #1 The Johnson Family will increase the numbers of books at home and will read to CDC child and talk about the stories on a daily basis.

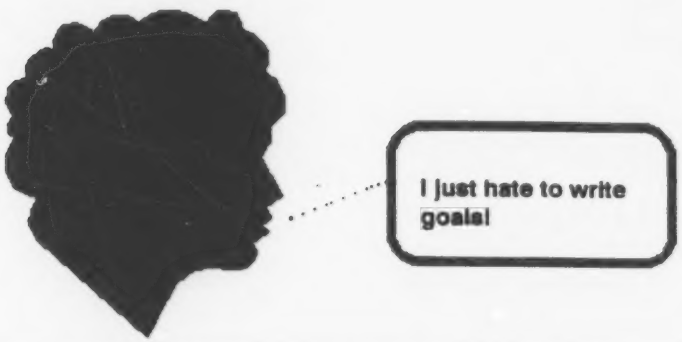
Could you identify a second goal based on these summaries?

ISSUES

NOTES

GOAL-SETTING

STEP III Establish with the family no more than <u>three</u> goals for this year. Remember, at least one goal must target child developmental stimulation. Furthermore, identify action steps or strategies to achieve those goals and realistic dates for completion or to check for progress.



Tricks to making goal-setting easier: Goals, mission statements, objectives, outcomes are all words commonly-used by educators today when designing curriculum or individual education plans. Sometimes these terms are used interchangeably; for some curriculum experts they have distinct meanings. For our purposes, family goals should represent one of the following:

√ (1) A statement of purpose the family intends to accomplish.

√ (2) A statement of specific outcome the family plans to achieve.

In either case, family <u>goals</u> tell "who" and "what". Strategies will explain "how" and "who's responsible". Timelines will identify "when".

Goals ---------- "who" & "what"
Strategies -------- "how" & "who's responsible"
Timelines -------- "when"

Importantly, write each family goal as a positive statement in "outcome" terms. In other words, your statement of purpose or specific outcome should identify the <u>result</u> you and your family want to achieve.

WRITE YOUR GOALS IN OUTCOME TERMS

EXAMPLES:

POOR — *Frank will overcome alcoholism*

(Too broad, lacks specific intent, may lack probability of success)

BETTER — *Frank will go to alcoholism treatment*

(This statement is specific but does not identify the "outcome" or the "result". However, "going to treatment" could be the result the CDC family wants to achieve.)

BEST — *Frank will complete an alcoholic treatment program.*

(Describes specific intent and the "outcome.")

WRITE GOALS IN POSITIVE TERMS

EXAMPLES:

POOR — *Mary will stop feeding children junk food.*

(Negative statement-indicates only what Mary should stop doing. The Goal needs to state desired behavior.)

BETTER — *The Jones family will purchase healthy food and will serve at least one nutritious meal a day.*

(Specific, clear outcome - stated in positive terms)

If the goals are written in <u>positive</u>, <u>outcome terms</u>, in most cases, evaluation will be easier. Unfortunately however, there is no miracle formula to writing goals. Try to think about the <u>results</u> each unique CDC family wants to achieve. Use common sense, be practical and be realistic. The intent here is not to become expert goal writers, but to enhance families and empower them to develop inconstructive ways!

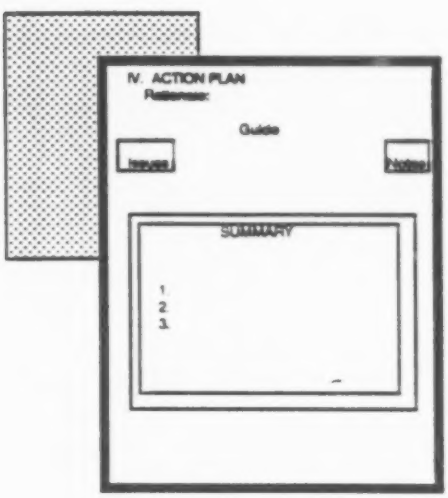
ISSUES

NOTES

COMPLETE SUMMARY

STEP IV Complete the **FAMILY DEVELOPMENT ACTION PLAN SUMMARY** for each family.

***OPTIONAL: Having trouble designing the ACTION PLAN?**
A checklist of considerations for CDC Family Development Planning appears in the Appendix of this section, entitled "Checklist for Action Planning".



FAMILY NAME: _____
CDC ENROLLEE: _____
DATE: _____

FAMILY DEVELOPMENT ACTION PLAN SUMMARY

GOAL #1 _____

STRATEGIES

ACTION STEPS	WHO IS RESPONSIBLE	TIMELINE
1.		
2.		
3.		
4.		

GOAL #2 _____

STRATEGIES

ACTION STEPS	WHO IS RESPONSIBLE	TIMELINE
1.		
2.		
3.		
4.		

GOAL #3 _____

STRATEGIES

ACTION STEPS	WHO IS RESPONSIBLE	TIMELINE
1.		
2.		
3.		
4.		

*Duplicate these Summaries so there is one for each CDC enrollee's family.

ACTION PLAN

APPENDIX D

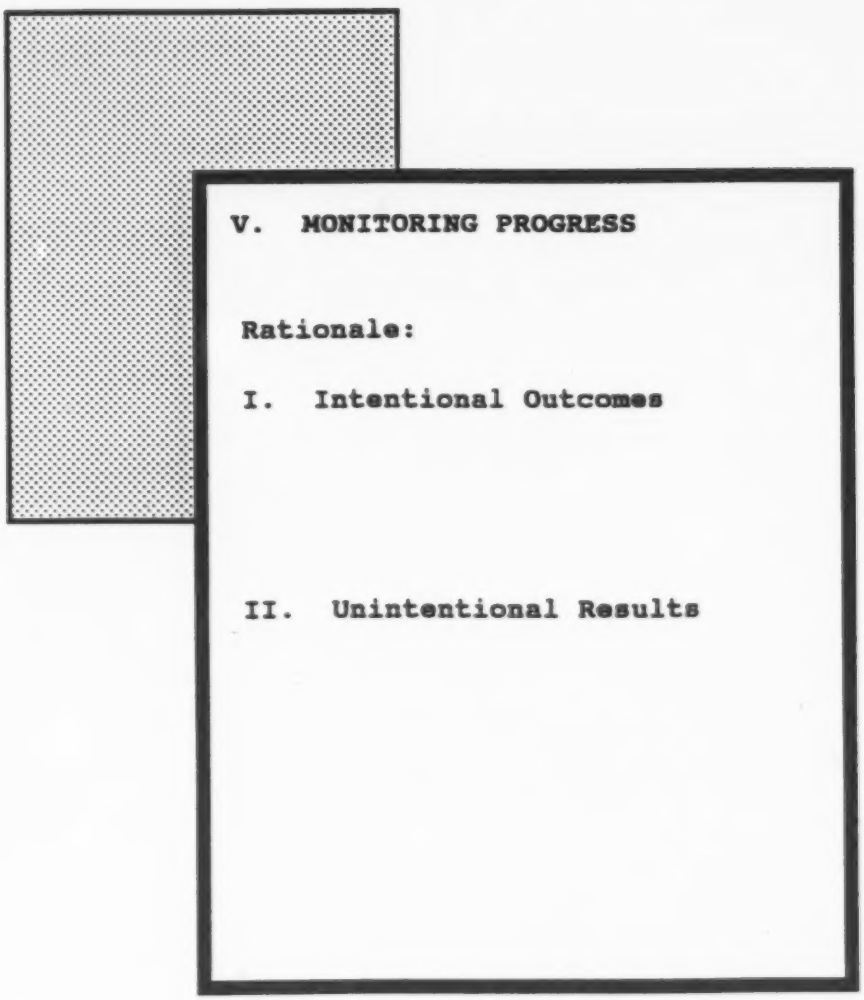
* Checklist for Action Planning

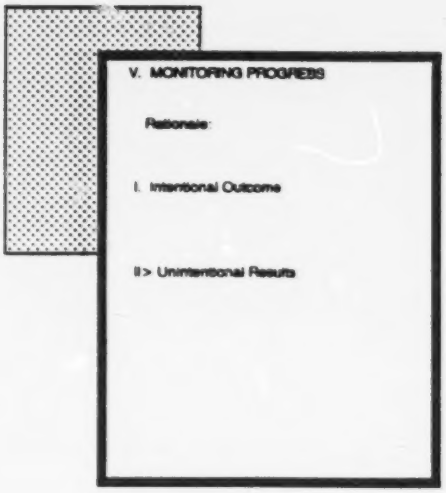
✓ CHECKLIST FOR ACTION PLANNING

- ☐ 1. Families, staff and/or other professionals have reviewed family strengths, family needs and community resource information.
- ☐ 2. Goals are designed as a result of the right "fit" or match among the collected data.
- ☐ 3. Goals do not try to "do it all" but are areas selected by the staff & CDC families.
- ☐ 4. Goals are realistic and designed based on the data you have collected.
- ☐ 5. Family Strengths may be seen as a "resource".
- ☐ 6. Goals are written in positive, outcome terms. Goals identify a specific purpose or outcome which you and your CDC family plan to achieve.
- ☐ 7. Strategies identify how and who's responsible.
- ☐ 8. Timelines describe when goals will be achieved or when to monitor for progress.
- ☐ 9. At least one goal targets child developmental stimulation.
- ☐ 10. Families participate in setting goals and evaluating progress.

*Mary Jean Montgomery, 1991

V. MONITORING PROGRESS





V. MONITORING PROGRESS

RATIONALE: The success of Family Development and of the Child Development Center will be ultimately based on family/student outcomes rather than on plans. Similarly, Family Development will be based on changes that actually occur, not on plans to change. Therefore, evaluation is essential to determine outcomes and to prove that plans work and goals are achieved. In fact, monitoring progress will be essential to the overall success of family development. The more frequent monitoring checks are made, the greater the probability of success.

But if we know what the outcomes are, why do we need an evaluation procedure to monitor progress?

WHY? MONITOR PROGRESS?

*In order to determine progress toward achievement of selected family goals. Gains need to be checked for rather than assumed.

*In order to evaluate the effectiveness of strategies. It may be that the goal is appropriate, but the strategy is wrong.

*In order to make necessary adjustments in the (**ACTION PLAN**). Successful problem solvers are those who generate many solutions to a problem. If we are not making progress, we need to generate alternative solutions. CDC families may discover that they need to re-think their **ACTION PLAN.**

*In order to create an awareness among families and staff of documented progress and of the proven capacity of CDC families to resolve needs.

*In order to increase the probability of success, progress needs to be checked regularly and consistently. The best practice is to check progress frequently.

V. MONITORING PROGRESS ABSTRACT

DIRECTIONS: Underlying the assumption that evaluation is essential, is the belief that it also must be simple, straightforward and useful. Consequently, the following procedure is divided into two brief sections: I. **Intentional Outcomes** and II. **Unintentional Results.** Please refer to and make notes in the Progress Abstract for each family frequently during the school year. Quarterly assessments may be requested.

I. INTENTIONAL OUTCOMES

A. **RATING SCALE:** Circle and date the appropriate measure of progress on the rating scale provided by each goal. If the Dunst rating scale does not describe the graduated progress you and your family have documented, design your own rating scale under "Optional". Correlate your notes to a rating on the scale.

B. **ANECDOTAL NOTES:** Space is provided for you and the CDC family to interpret progress toward achieving the stated goal. Be specific. Quantify any information you may have. Example: "Frank attended six out-patient sessions at ADTU, four AA meetings and one family counseling session."

C. **ADJUSTMENTS TO ACTION PLAN:** Note any changes in plan, e.g. goal revision, new strategies, new timelines, strategies to reduce barriers, etc.

D. **"OPTIONAL":** This space is reserved for any measurement of your own design. For example: let's suppose that one of the strategies for the Jones' family goal on providing nutritious meals was to be able to differentiate healthy items from junk food on a list of groceries. Describe your assessment and the results. Or perhaps you'd like to design your own graduated scale that addresses the individual family goal.

EXAMPLE:

Family Name Jones
CDC Enrollee Matt
Date 1/25/90

1	2	3	4	5
feeds family regularly but purchases mainly funk food and serves no regular meals	can realize difference between nutritious and junk food and begins to make some effort at serving healthy meals	begins to make effort to purchase less junk food and to serve healthy meals more often	purchases little junk food and healthy meals are becoming part of daily routine	only junk food is served occasionally and one or more healthy meal served daily

GOAL: "The Jones Family will purchase healthy food and will serve at least one nutritious meal a day."

II. UNINTENTIONAL RESULTS

Targeting one problem for families will more than likely have an impact in other need areas. In other words, changes may occur that were not directly targeted or even anticipated by the **Action Plan** but were a result of its activities. Additionally, staff may note positive consequences for CDC children even though the plan of action might not directly affect them. Furthermore, targeting a problem may reveal specific family strengths not previously revealed or valued. Please list any unintentional results (positive or negative) that you and your family observe as a result of this **Action Plan**. If this evaluation is conducted at the end of the year, please note any relationship you perceive between the **Family Development Plan** and pre- and post-Brigance results for CDC children.

Duplicate Progress Abstracts so there is one for each CDC enrollee's family

PROGRESS ABSTRACT *

Family Name _____
CDC Enrollee _____
Date _____

Goal #1 _____
_____
_____
_____

Action Steps _____
_____
_____
_____

I. INTENTIONAL OUTCOMES

A. RATING SCALE

1	2	3	4	5	6	7
Situation changed or worsened; No longer a need, goal, or project	Situation unchanged; Still a need, goal, or project.	Implementation begun; Still a need, goal, or project.	Outcome partially attained or accomplished.	Outcome accomplished or attained, but not to the family's satisfaction.	Outcome mostly accomplished or attained to the family's satisfaction.	Outcome completely accomplished or attained to the family's satisfaction.

*Rating Scale for evaluating **Action Plan** (Dunst 1988)

B. PROGRESS NOTES

C. ADJUSTMENTS

D. OPTIONAL ASSESSMENT (attached)

II. UNINTENTIONAL OUTCOMES

PROGRESS ABSTRACT *

Family Name _____

DC Enrollee _____

Date _____

Goal #2 _____

_____

_____

_____

Action Steps _____

_____

_____

_____

I. INTENTIONAL OUTCOMES

A. RATING SCALE

1	2	3	4	5	6	7
Situation changed or worsened; No longer a need, goal, or project	Situation unchanged; Still a need, goal, or project.	Implementation begun; Still a need, goal, or project.	Outcome partially attained or accomplished.	Outcome accomplished or attained, but not to the family's satisfaction.	Outcome mostly accomplished or attained to the family's satisfaction.	Outcome completely accomplished or attained to the family's satisfaction.

*Rating Scale for evaluating **Action Plan** (Dunst 1988)

B. PROGRESS NOTES

C. ADJUSTMENTS

D. OPTIONAL ASSESSMENT (attached)

II. UNINTENTIONAL OUTCOMES

PROGRESS ABSTRACT *

Family Name _____
CDC Enrollee _____
Date _____

Goal #3 _____
_____
_____
_____

Action Steps _____
_____
_____
_____

I. INTENTIONAL OUTCOMES

A. RATING SCALE

1	2	3	4	5	6	7
Situation changed or worsened; No longer a need, goal, or project	Situation unchanged; Still a need, goal, or project.	Implementation begun; Still a need, goal, or project.	Outcome partially attained or accomplished.	Outcome accomplished or attained, but not to the family's satisfaction.	Outcome mostly accomplished or attained to the family's satisfaction.	Outcome completely accomplished or attained to the family's satisfaction.

*Rating Scale for evaluating **Action Plan** (Dunst 1988)

B. PROGRESS NOTES

C. ADJUSTMENTS

D. OPTIONAL ASSESSMENT (attached)

II. UNINTENTIONAL OUTCOMES

EXAMPLE: COMPLETED PROGRESS ABSTRACT

Family Name *Johnson*
CDC Enrollee *Josh*
Date *September 1, 1991*

Goal #3 *The Johnson family will increase the number of books at home and will make reading to child a daily home activity. Will also talk about stories while reading.*

Action Steps:
1. *Aunt Margie will demonstrate how to read with inflection.*
2. *Mom will take to library hour once a week.*
3. *Will go to school - give away book program or AAUW book sale.*

I. INTENTIONAL OUTCOMES

A. RATING SCALE

1	*2	3	4	*5	6	*7
Situation changed or worsened; No longer a need, goal, or project	Situation unchanged; Still a need, goal, or project.	Implementation begun; Still a need, goal, or	Outcome partially attained or accomplished.	Outcome accomplished or attained, but not to the family's satisfaction.	Outcome mostly accomplished or attained to the family's satisfaction.	Outcome completely accomplished or attained to the family's satisfaction.

*Rating Scale for evaluating **Action Plan** (Dunst 1988)

B. PROGRESS NOTES (* = current status; other notes plan next steps

* *Oct. 10 - no books in home*
Oct. 12 - went to library and got card and story time schedule
Oct 12 - asked Aunt Mary to visit and demo reading with library books checked out.
Oct. 14 - visited Washington Elementary and got 10 free books for young children

* *Oct. 28 - family now has 10 regular books of own plus 2-3 weekly from library at home. Still uncertain how to "talk about" stories.*
Nov 2 - CDC teacher begin several insits to demo and coach on reading and asking questions, plus set times to read regularly (consulting visits), or mom into CDC class to practice.

* *Nov. 25 - 10-15 books regularly at home; reading time, 20 min. nightly; now asks good interactive reading discussion questions.*

Goals met but invite mom to CDC as new techniques of reading to children are introduced.

C. **ADJUSTMENTS**: *Few opportunities to get books; Utilize library more; CDC modeling.*

D. **OPTIONAL ASSESSMENT (attached)**: *None*

II. **UNINTENTIONAL OUTCOMES**: *Josh has become very interested in Dinosaurs.*

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PLANNING FOR FAMILY DEVELOPMENT

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